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✦ Original Contributions ✦

THE COUNTRY DOCTOR

Herbert T. Webster, M. D., Oakland, Cal.

I have been reading a fine book. There is something exhilarating and restful about it, something clean and sweet, which goes to the heart. It is not a romance, nor a tragedy; not a love story, yet, it is all love, and there is something of tragedy about it. It is entitled, "Adventures in Contentment," and was written by David Grayson. It is a series of essays, each demonstrating a contentment reached after years of unsatisfying toil and disappointment chasing a phantasma. It is the product of a clean and superior mind by a master hand. Unlike many essay works, it is not prosy; the reading of one essay creates an appetite for more. Each one is devoted to some particular experience, either alone or with some chance acquaintance in his new field.

The author passed many years of his early adult life in the city, racing breathlessly after Success, which he saw always in front of him, but never reached. His senses, nerves, and even muscles, were continually strained to reach the goal. The sharp crack of the lash was always behind him if he sought to rest or loitered by the way. For many years he never rested, nor reflected, nor thought. One day he stopped suddenly. He did not intend it, but Fate stopped him. Then he lay close to death with fever for many days, "and watched the world go by." The only pang he felt was, that he ought to be broken-hearted, and should care, and did not suffer any such emotion. He watched his friends go by with complete equanimity, some of them pausing to comfort him and rushing on again into the turmoil; and he was oppressed by their haste. Thus he lay, and presently a desire rose

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97192

within him which he could not fathom at first, but one morning he woke with a new joy in his soul—the thought of walking barefoot in cool, fresh plow furrows, as he had done when a boy;—and the tears filled his eyes as they had not for many years; and he thought of thickets in old fence corners; of cool, mysterious woods; of illimitable fields covered with verdure and sunshine; of the good smell of cows at milking;—"you do not know, if you do not know!" He thought of the scenes and echoes and the scents and sweats of the hayfield; of the brook flowing among alders and wild parsnips, where he waded and fished when a boy; and he hungered and thirsted for all these things as one hungers for his first love. He was greedy for the soil—the growing things.

Thus, like one creeping from the battle-field, sore and wounded, he went out into the country, acquired a little farm, and found himself walking in the sunshine; "weak yet, but curiously satisfied." There he was his own boss and his own hired man. There he could spend his evenings in contentment, in communion with his favorite books, and in the enjoyment of his own quiet fireside, after days of happy labor in the open, surrounded by rural things he loved;—the blades of waving corn, the fields of nodding grain; the tinkle of the cowbell; the crowing of the cocks, and the cackle of the hens; the songs of the birds. After a time, he began to put his experiences down on paper, not with a thought of publishing them, but for his own satisfaction; and finally, they appeared in book-form. One of his most attractive articles is entitled "The Country Doctor."

The Old Doctor was a prominent figure in the little neighboring village when he acquired his new home. The Doctor was respected, beloved, and trusted by everybody. None were so poor and humble but received his faithful ministrations when needed; and to such he never sent a bill. Struggling patients might demand a bill, but he never sent one. They might inquire, "Doctor, how much do I owe you?" but the reply would be, "Never mind now, I have no time to look it up." "Well, you know you attended my wife in confinement, and you treated Susie when she had scarlet fever; and you treated my wife for pneumonia; and I want to pay you. At least, here's ten dollars on account." "All right, I'll take it, but don't worry."

A wealthy lady from the city usually rusticated during the summer in the little village. She dressed beautifully, was waited on by servants, ate well, but was "nervous." One

time she called on the Old Doctor for advice and treatment. He made a careful examination, asked numerous questions, and remarked: "Madam, you are suffering with a very common complaint. This is what I would advise: Go home, discharge your servants, do your own cooking, wash your own dishes, wash your own clothes, and make your beds. You don't do enough work. Do this, and you'll get well." You see, he was an honest doctor. The lady was reported to have been much offended, yet, at his funeral a few years later, a wreath of white roses stood at his bier, sent from the city by this lady.

The standing of the community interested him greatly. He was at all meetings of the school trustees and of general school meetings. Welfare of the children interested him. Though a bachelor and living alone with an aged maiden sister, the children were very near his heart.

One day he met a well-to-do farmer on the road, pulled up and said: "Horace, why don't you paint your barn?" "Well," said Horace, "it is beginning to look a bit shabby." "Horace," said the Doctor, "you're a prominent citizen. We look to you to keep up the credit of the neighborhood." The barn was painted.

Though gruff and bluff and outspoken, deep in his heart was a world of sentiment, though he hated sham and pretense. The author relates an incident which occurred after he became a resident of the neighborhood. The district school gave a "speaking," and everybody went. Among other performers a boy with a fresh young voice spoke a "soldier piece." A one-armed veteran soliloquized as he sat by the window and saw troops march by, with dancing banners and glittering accouterments, with the people cheering and shouting. Each verse was followed by the refrain:

"Never again call comrade,
To the men who were comrades for years;
Never again call 'brother'
To the men we think of with tears."

Happening to look around while the boy was speaking, he saw the Old Doctor listening with tears rolling unheeded down his ruddy cheeks. Doubtless he was thinking of his war time, and the comrades he knew. But the Doctor could not endure sham and hypocrisy. He was outspoken when these were in evidence. Bombastic utterances were often greeted by the expletive "Bah."

On an occasion a semi-political Fourth of July celebration was held in the village, and a number of ambitious orators

delivered addresses. One of them, a candidate for the legislature, made an impassioned address on "Patriotism." The Old Doctor sat and listened until endurance ceased, then shouted "Bah." He did not believe in the sincerity of the speaker and despised him. The orator hesitated a second, then proceeded. The Old Doctor remained silent a few seconds, then again ejaculated "Bah." By this time the audience was really interested. The orator knew the Doctor was opposing him in his canvass, and he remarked caustically, "Perhaps the Doctor can make a better speech than I can." "Perhaps I can, and I will," said the Doctor. And he therefore stood up on a chair and gave the audience a talk on Patriotism—the patriotism of duty done in the small things of life. The speech ended the career of the orator. He was defeated at the polls finally, and permanently retired to private life.

These are a few instances related to illustrate the character of the Old Doctor. He had been born and reared in that neighborhood, and his services and character had established him on a rock. Finally the Old Doctor died. He had reached a good old age, and went down like an honored old oak. His funeral was touching and impressive. Only a single family member, an only sister, followed him to the grave, but the entire community attested its bereavement. Overgrown boys and girls sobbed audibly throughout the assembly while the old Scotch minister rendered the brief address. And this expressed the sentiment of the entire neighborhood and community. The funeral procession was the longest that had ever been known in that county, and all were mourners. The Doctor had left his secret mark upon the neighborhood.

The author, being comparatively a new comer, could not understand why a man of such ability and personality should have passed his life amid such humble surroundings, and made inquiries; but everybody who ought to be able to enlighten him was reticent of the past. At length, Horace, his nearest neighbor, told him the story in confidence.

The Doctor was the son of a substantial farmer near the village, and received more than an ordinary education. He graduated at college, and with high honors at a leading medical school in a great city. His prospects were promising for a great career when the Civil War broke out. He loved and was loved by a beautiful and charming girl, and the nuptials were near at hand. Patriotism however called him, and other matters were postponed until after the war. He joined the army as surgeon, and served his country well to

the end. But associations, surroundings, and need of stimulant during trying times had created a craving for ardent spirits, and he came home a drunkard. His fiance cast him off, and nearly wrecked his reason. Instead of blowing out his own brains, he rejected prospects of a brilliant career as a city surgeon, went back to his old home and opened an office. He placed a bottle of whiskey in the center of his office table and said: "We will see which is master;—you or John North." He conquered his appetite for rum, remained a bachelor, and adopted the entire community to supply the place of his lost love. It is a beautiful story, as told by David Grayson, in *Adventures in Contentment*.

"I heard again the stories of how he drove the country roads, winter and summer, how he had seen most of the population into the world and had held the hands of many who went out! It was the plain, hard life of a country doctor, and yet it seemed to rise in our community like some great tree, its roots buried in the soil of our common life, its branches close to the sky. To those accustomed to the outward excitements of city life it would have seemed barren and uneventful. It was significant that the talk was not so much of what the Doctor did as of how he did it, not so much of his actions as of the natural expression of his character. And when we come to think of it, goodness is uneventful. It does not flash, it glows. It is deep, quiet and very simple. It passes not with oratory, it is commonly foreign to riches, nor does it often sit in the places of the mighty; but may be felt in the touch of a friendly hand or the look of a kindly eye."

The country doctor gets nearer the hearts of his patrons than any other public functionary. Even the priest finds himself often rivaled among good catholics, by the doctor, if he is a good doctor. Of course there are those below mediocrity, even among country practitioners; but when the doctor has the confidence of the community in the country, he is often father confessor, the bearer of family secrets, and the adviser,—and a trusted one,—of many a burdened soul. His ministrations by no means end with his medical services. He is a trusted friend and confidant in many a tragedy, and with many broken-hearted and suffering confidants. The poor and needy find in him a friend and assistant, and they learn to love and trust him. He is held in much higher esteem there than in the city, where the hurry and bustle of life leave little room for trust or personal attachment.

A country practice broadens one's vision to the ailments of

humanity, both physical and moral, and enables him to throw the mantle of charity over weaknesses which are passed by by the city doctor with levity or scorn. Respect and veneration are accorded him in a community which is rural enough to study individuals. And the country doctor finds truer friends in rural districts than he finds in the city, as a rule. The young doctor who starts in the country without money or friends is certain to find some true sympathizers who see to it that he does not starve out, if he possess any merit of his own, as a practitioner and as a man. However successful he may become in later years, if he has moved to the city, memory of these true friends is never eradicated. He may forget friends and faces known in later time, but the names and faces of the true friends made during his early struggles in the long ago are always fresh in his memory. They are entwined about his heart, and cherished as long as memory holds out. Kindnesses then done are always green spots, even in a withered memory.

But the country doctor is not merely the idol of the lowly and needy. He stands high among the well-to-do and influential element. He is welcomed to the gatherings of the best circles, and honored by the ultra-refined of the neighborhood. His calling is an honorable one, if honorably conducted, and he is always a prominent figure in the life of a community.

However, it is not always that one can stand in a community as the Country Doctor described by David Grayson. In nearly every small village these days there is rivalry. Another medico usually disputes the ground, and then there are two cliques, each one championing his favorite. Then there may be bickerings, and occasional hair-pullings. The physician who can be a saint under such circumstances, is certainly an exceptional character. However, it is some evidence of ability if one can leave behind him a few hearty haters.

Not long ago the writer visited the scenes of a long-ago country location, and was introduced to a young physician who then occupied the ground. He remarked, as he shook hands: "I ought to know you, for I have heard your name mentioned nearly every day since I have been here. If I had your reputation in this community my fortune would be made." Of course, the reputation had grown during my absence, for a prophet is without honor in his own country; but it was a satisfaction to know that I had left a little mark on the community. After an absence of nearly forty years it was a comfort to know that one was remembered.

Every city physician ought to have an initial experience in a country practice. It broadens him, and gives him a self-reliance that he is apt to lack, if all his experience has been in the city, where convenient consultants and hospitals can assume his responsibilities and cover his mistakes. Thrown upon his own resources, he learns to adapt himself to emergencies, and depend upon himself in getting out of dilemmas. It is a field for education, into which he may be compelled, but it is a good thing for him after all.

A CASE HISTORY.

Laura E. Rauch, M. D., Los Angeles.

Read Before the Los Angeles Eclectic Medical Society.

Female, age 53. Born in Illinois. Weight before illness 236 pounds, when last weighed 173 pounds. Patient's mother died at age of 32 of tuberculosis when patient was not quite four years old. Father died at 81, sick for years, and patient said she did not know what the disease was. Patient began to teach school at seventeen, married at 24, no children, two abortions at two months, one miscarriage at fourth month with severe hemorrhage. Had the various children diseases, never very strong, and always had pain in the spine. Menstruation at thirteen, no difficulty. No other illness until present disease.

Supposed cause: First week in October, 1915, she fell down seven steps, got up and fell down two more. Seemed to hurt right knee, which was very swollen and painful. Later right hip became painful, and in December had to use cane to walk.

In April, 1916, had to use crutches, could not put weight on right limb or lift it up. This was all called rheumatism and treated as such. Patient went to County Hospital to rest to see if she would get better. While there on the 5th of March trouble in the neck began. While stooping over to pick up an article from the floor, something snapped in the neck. She was put to bed on back, and could not move or be moved for over a week. There was spasmodic pain night and day, with neck very much swollen and congested, a bloody exudate from mouth, nose and throat. After leaving hospital had a trained nurse and other doctors saw her. I saw her about the middle of June. Patient was going on crutches, neck very much swollen, with hard lumps on sides, worse on right, stiff and sensitive to touch, attempts at massage would cause spasms of pain, muscles were swollen, hard and nodular down to mid-dorsal region. Severe pain about

the 10th, 11th and 12th, dorsal vertebrae, radiating around to front, and down right sciatic nerve. Could palpate irregularities along spine and I could move it sometimes and not cause pain, but at others, pain would be severe. Making pressure downward on spine did not increase pain. Patient was eating bread and milk and taking large doses of magnesium sulphate every day, did not sleep much, very nervous, reflexes all exaggerated, pupillary reflex very active, pulse about 95, full and hard. Tongue coated white.

Diagnosis: Spondylitis Deformans, Neuritis, and Neuralgia. Asked me what I thought and what I could do. I told them I would not promise anything, but would do the best I could. Asked her why she did not have an X-Ray taken. She said she had been told that it would kill her if she had one.

Treatment: Put on more nourishing diet and less salts. Hot applications and massage to spine, with Rx. Sp. Med. Gelsemium gtt xx, Sp. Med. Bryonia gtt xv, Sp. Med. Macrotys, dr. i, Aquae qs. ad. oz. iv. Sig. dr. i t. i. d., alternating with Rx. Sp. Med. Sticta dr. i, Sp. Med. Cannabis dr. ss, Syr. Elix. Lact. Pep. oz. ii, Aquae qs. ad. oz. iv. Sig. dr. i t. i. d.

By the next week congestion, irritation, and pain were reduced some. Later gave echinacea till September 19. Other remedies used were Sp. Med. Berberis, Iris, Phytolacca, Cypripedium, Pulsatilla, and Cascara. July 27 I succeeded in getting her to go to Dr. T. C. Young for an X-Ray. He diagnosed it as Spondylitis Deformans, and as a degenerative process, a sort of Osteomalacia. In cervical region, it was located in the transverse processes, lower down in the spine in the bodies of the vertebra. He advised bed for about three months, then in a cast if possible. July 29th, in bed on back without a pillow, massage and alcohol rub once a day, nourishing diet with medicine as indicated, and Calcium Phosphate 3, 4 or 5 tablets 3 or 4 times a day. First three or four weeks patient did fine, then one day the sternum slipped, (think it was at the articulation of manubrium with gladiolus) as she tried to roll a little for massage. Then she could not move for some time, and neck got worse, as she would keep putting the pillows under the head, and taking it out again. She also developed hypostatic pneumonia, worse on right side. Dr. Smith suggested a sand pillow to extend the neck, hot water bottle and massage to sides, and apocynum gtt 5 two or three times a day, two or three times a week for the pneumonia. From that time on she has developed something different every week. Pneumonia would

be better, gone, or worse. Then stomach, bowels or liver out of order. Had to try to change her position every week as she wore each out. Once I put extension on her feet for pain in knees and hips. She took it off in three days, said it was no good. At first she was taking aspirin for the pain. I had her reduce it as much as possible. Gave passiflora to quiet her, so she could sleep. Later I gave her passolaria dr. i every hour until quiet. At Dr. Smith's suggestion I added two-drop doses of conium to passolaria for the pain, which seemed to me to be getting worse. She complained of a numbness on left side of lower lip first, later of whole left side of the face, said she could not move it, I asked her to try it, she did not do a very good job while I was looking, but when she did not know that I was watching I could not see any difference. She also said that she had unconscious spells which lasted from a half to three-quarters of an hour, and one day she had one while I was there. Well, after that I thought they were shams, so did not worry about them any more. The last day that I was down she complained of being so tired and pain in neck and knees was worse, so I put extension weight on her head; she said she was some easier before I left. Next day she wrote me letter dismissing me, said they wanted to try another doctor for a while, and that her head was still in the sling, and that she had not had any spell of pain in her neck, and only one in her knees.

PHYSIOLOGY AND PATHOLOGY.

M. S. Aisbitt, M. D., Los Angeles, California.

We, as physicians, lack the knowledge of physiology and pathology that is required to make the healing art a science, hence our shortcomings. We study the organs instead of studying that which gives the organs their function. We should take into consideration that the animal body is cell formed; it is likewise a chemico-physical body; each cell is an organ of itself. The elements embodied within the cell walls are secreted in their atomic state by the influence of the efferent nerves. After entering the cell, the atoms affiliate themselves into their molecular state, producing molecular force. This force continues through the nucleus and the nucleolus. This force is transmitted to the nerve centers by the afferent nerve conjoining with the nerves from other cells of the same group, acting as they do uniting in order to produce a physiological force which causes the organ to perform its function. This chemical action of the elements comes

under the head of the law of endosmosis and exosmosis. The elements have to pass from one part of the cell to other parts of the same cell and, after their exit, they pass into the intercellular tissue. If the nerves that control the cells should differentiate from the normal, they in all probability cause the cells to secrete an abnormal constituent which would impair the health of the individual; you will thus see physiology and pathology are blended together or, in other words, pathology commences where physiology leaves off. If the elements should be retained beyond the normal period, they irritate, inflame and create some disturbance in the animal economy. Health is produced and maintained by a normal computation of the elements while passing through the different sections of the cells. As I have said, if the formula is computed into an abnormal state, impairments will be the result of various forms when the materials have passed out of the cells, according to the law of exosmosis, into the intercellular tissue, it is absorbed and computed by the lymphatic glands into urinary formula, such as urea, uric acid, creatinine, hippuric acid and others. This effete material is what produces all forms of disease in proportion as they are chemically computed. Those substances are carried into the venous circulation to be excreted by the kidneys. If those elements are retained by the blood, they will create disease in accordance with the temperament of the individual.

The sebaceous gland performs similar functions to the lymphatics in secreting the oleaginous substances; if they fail to compute this substance into a normal formula, it will irritate the pores of the skin, producing different forms of skin diseases in proportion as the chemical formula is computed.

To illustrate the action of the elements when they are ill computed, take the peroxide of hydrogen and compare it with water thus, water H_2O , peroxide H_2O_2 , you find the peroxide contains one atom more of oxygen than water; you notice the difference in its action.

You see I have made an effort to take the physician back into the scientific method of studying physiology and pathology in a scientific sense instead of having his mind overcrowded with matters foreign to the practice of medicine, such as bacteria and microbic theories.

This effete material is the microbe, and you will find it anywhere else. No solid material can pass into the circulation through the medium of the lungs, only in their gaseous forms—the openings are too small.

It is ill computation of the elements that is the cause of all our ailments. Our medical colleges should be reformed

and medical students taught the true scientific physiology and pathology in accordance with physical and chemical laws as nature has designed.

You will see chemistry is the base upon which the physician should stand in studying the healing art. When prescribing for disease, he should study the atom, the molecule, the cell; therein lies the secret of physiology and pathology.

The elements in the atmosphere which we have to inhale are in their atomic state, otherwise there would be a chemical union and a force but, they are neutral.

BOARD OF MEDICAL EXAMINERS

STATE OF CALIFORNIA

HYGIENE AND SANITATION

A. M. Smith, M. D.

October 3, 1916—9:30 to 11:30 a. m.

(For Physician and Surgeon and 2,000 Hours Drugless Applicants.)

1. Discuss rules for general care of health.
2. What are some of the diseases caused by eating infected or decayed animal products? Discuss the sanitary control of animal food products.
3. Name and discuss five occupational hazards and harmful substances.
4. Describe the various methods used in the preservation of foods.
5. How is typhus fever transmitted? What is the period of incubation? What prophylactic measures taken to prevent its spread?
6. Discuss the relations of the various waste matters to public health.
7. What are the most important points to which attention must be paid in inspecting a house?
8. Discuss the three methods of heating, stating advantages and objections to each.
9. What are the fundamental principles of sewage treatment?
10. Discuss the relations of movements of the atmosphere to the maintenance of health.
11. In occupational diseases what toxic metal gives rise to most cases of serious poisoning? What general rules should be given to workmen engaged in such trades?

12. Discuss the relationship of chronic alcoholism to occupational diseases.
(Answer 10 questions only.)

PHYSIOLOGY

Ernest Sisson, D. O.

October 3, 1916—1 to 3 p. m.

(For Physician and Surgeon and 2,000 Hours Drugless Applicants.)

1. Describe the function of the myelin sheath of cerebro-spinal nerve fiber.
2. Is the knee jerk a reflex? Explain your answer.
3. During a meal, what change would take place in blood pressure and in circulation?
4. Describe the course and action of the accelerator nerve fibers to the heart.
5. Describe the changes that would occur in pulse rate from variation of temperature.
6. What effect will ordinary variation in arterial pressure have upon the blood flow through the brain?
7. Describe the influence of the inspiratory and inhibitory fibers of the vagus nerve on respiration.
8. What is the probable essential cause or stimulus of the first respiratory movement after birth?
9. Describe the relation of hunger pains or hunger contractions.
10. Give normal length of time occupied by contents in passing through each principal division of the colon.
11. Describe the action of the liver upon carbohydrate products.
12. Name four ways that expiration may be normally stimulated.

(Answer 10 questions only.)

MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND PRESCRIPTION WRITING.

H. E. Alderson, M. D.

October 3, 1916—3:30 to 5:30 p. m.

(For Physician and Surgeon Applicants.)

1. Discuss the local action of the Roentgen rays and the various accepted means of preventing burns from the same.
2. Write a complete prescription calling for codeine sulphate, in powders, for a cachetic individual 65 years

of age. Discuss the therapeutic action and the contra-indications for the same.

- *3. Discuss fully the present status of the question of the effects of acid carbohc (internally and externally) as influenced by combining the same with alcohol.
4. Discuss the principles that should guide one in the medical treatment (including medicinal as well as dietetic measures) of acute nephritis.
5. Discuss the principles that should guide one in the medical treatment (including medicinal as well as dietetic measures) of angio-neurotic œdema.
6. Discuss the principles that should guide one in the medical treatment (including medicinal as well as dietetic measures) of duodenal ulcer.
- *7. Discuss the contra-indications for the administration of mercury and of salvarsan.
8. Discuss the therapy of hypoadrenalism.
9. Discuss the therapy of aortitis.
10. Discuss the treatment of aortic insufficiency with beginning cardiac decompensation.
11. Discuss fully the effects of strychnine and digitalis on the vasomotor system.
12. Discuss fully the most effective mode of administering adrenalin—its local and general effects, dosage, indications and contra-indications.

*Questions No. 3 and No. 7 must be answered by all applicants.

(Answer 10 questions only.)

HOMEOPATHIC MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND PRESCRIP-

TION WRITING.

Robert A. Campbell, M. D.

October 3, 1916—3:30 to 5:30 p. m.

(For Physician and Surgeon Applicants.)

1. Name the remedy for the following cases:
 - (a) Child has large open fontanels, profuse sweating about the head, is fat and flabby and subject to convulsions.
 - (b) Teething child has colic, is very cross and fretful; dry, hacking cough; green, watery stool which smells bad and causes a dermatitis.
2. Describe the headache calling for *nux vomica*, *belladonna* and *spigelia*.

3. Give the indications for four remedies useful in hemorrhage.
4. Describe the physiological action of merc. corr. on the the gastro-intestinal tract.
5. Discuss the relative merits of cocaine, novacaine and quinine-urea as local anesthetics.
6. Write a prescription for the local treatment of erysipelas.
7. Discuss belladonna physiologically and therapeutically.
8. Give the indications for kali. carb. and kali. bichromicum in cough.
9. Name five causes of abdominal pain and name two remedies most frequently called for in each condition.
10. Give the aggravations of arsenicum, bryonia and rhus tox.
11. Give a proving of ipecacuanha.
12. What are the indications for lachesis, sepia during the menopause?

(Answer 10 questions only.)

ECLECTIC MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND PRESCRIPTION WRITING.

H. V. Brown, M. D.

October 3, 1916—3:30 to 5:30 p. m.

(For Physician and Surgeon Applicants Only.)

1. Contrast the therapeutical indications of aconite and veratrum.
2. Give the complete pharmacology and therapeutics of phytolacca decandra.
3. Give the treatment for a case of tonsillar diphtheria.
4. What are the specific indications for rhus toxicodendron?
5. Give the uses of lobelia in large and small doses per mouth and by hypodermic administration.
6. Write a prescription for vesical tenesmus and dribbling of urine in the aged.
7. Discuss the use of iron and arsenic in anemia.
8. (a) What are the advantages and disadvantages of intravenous medication?
(b) What are the advantages and disadvantages of intraspinal medication?
9. What is the purpose of administering normal salt solution?

How many methods are there and what is the relative value of each?

10. What are the hepatic salts and what is their reputed value in medicine?
11. Give the treatment of a baby, age 6 months, bottle-fed, having six to ten green, watery, curdy stools daily?
12. Give the treatment of a chronic, indolent varicose ulcer of the leg.

(Answer 10 questions only.)

SURGERY

P. T. Phillips, M. D.

October 4, 1916—10 a. m. to 12 m.

(For Physician and Surgeon Applicants.)

1. Discuss the uses of artificial respiration. Give one method in detail.
2. A crushing wound has destroyed the foot back to the tarsometatarsal joint. Where would you amputate, and why? Describe the operation in detail.
3. Discuss tumors of the cerebellum.
4. How would you diagnose a dislocation of the shoulder joint? Name varieties. Give method of reduction of one.
5. Discuss some of the dangers of operation for removal of tonsils, and how avoided.
6. A male patient, 50 years of age, is in extremis on account of retention of urine. You find it impossible to pass a catheter. Outline your treatment of the case.
7. Give symptoms, diagnosis and treatment of tubercular peritonitis.
8. Discuss corneal ulcer, giving etiology, prognosis and treatment.
9. Describe Volkmann's contracture, giving prognosis and treatment.
10. When would you advise posterior gastroenterostomy? Describe the operation in detail.
11. State the most common seat of fracture of the clavicle and give in detail your method of treatment for the same.
12. Discuss briefly the possibilities of abdominal surgery in the treatment of some forms of arthritis.

(Answer 10 questions only.)

(To be continued.)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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BE AN ECLECTIC AND LIVE LONGER

We have before us the current issue of the National Eclectic Medical Quarterly, also the Journal of the American Medical Association, each being the official organ of the society indicated. In accordance with a time-honored custom there is published in each of these periodicals an obituary page wherein is given the names and ages of members as they pass to the great beyond. Following the accepted rules of deduction one would conclude that the average age at death would be approximately the same in each list—but such is not the case. The average age at death of the Eclectic members is sixty-nine and one-half years, while the average age of the Allopathic members is forty-six years. A difference which is truly astounding, and too great to be ascribed to any local or transient cause. An examination into the relative hardships and exposures of the lives of the men comprised in each list would be profitless because it logically could be expected to influence the totals but little. However we may assume with safety that the eclectic doctors practice eclectic medicine and that the allopathic doctors practice allo-

pathic medicine, and that when the doctor himself is sick he either takes his own medicine or he takes medicine prescribed for him by a colleague of his own faith. And as eclectic doctors live to a much greater age than do allopathic doctors we must conclude that eclectic medicine as practiced by eclectic doctors upon themselves or upon each other is a much safer system of medication than allopathic medicine as practiced by allopathic doctors upon themselves or upon each other. Furthermore as we must conclude that a doctor of whatever school will exercise at least as much skill in the care of a colleague as he would do in the care of a member of the laity, it is fair to assume that the results stated above are a criterion of the relative efficiency of the two schools of medicine.

Therefore, be an Eclectic and live longer!

RESUSCITATION APPARATUS

Yandell Henderson, Ph. D.

Professor of Physiology, Yale University School of Medicine,
New Haven, Conn.

During the past four or five years a number of mechanical devices for resuscitation from electric shock, drowning, and asphyxiation by poisonous gases have appeared on the market. Properly speaking, none of these devices is anything more than a means of supplying artificial respiration with air more or less enriched with oxygen. There has been a general failure to distinguish between a method for maintaining the pulmonary ventilation and methods (for practical purposes as yet undiscovered) for restoring the heart beat after fibrillation or standstill, and for counteracting the paralyzing effects of asphyxia on the nerve centers of the brain and cord. This has resulted in the term "resuscitation" apparatus being generally applied. It is important to keep in mind the limited character of this resuscitation.

The demand for such apparatus arises from the modern "safety first" movement. Any piece of apparatus which proved fairly effective for resuscitation would undoubtedly be a source of great financial profit to its manufacturers. Competition is already keen, and new forms of apparatus are demanding advertising space in medical journals.

As a result editors, superintendents of hospitals, mines, gas works, electric light and telephone companies, commissioners of city police and fire departments, persons in charge of

swimming places, and others are writing in increasing numbers to the United States Bureau of Mines to ask as to the value of such apparatus in general, and as to the relative merits of the different kinds.

This paper is intended to supply such information. I have served as consulting physiologist to the bureau during the past three years, have examined for it such apparatus as has been submitted, and have co-operated with the engineers of the bureau in drawing up the regulations covering such matters. I was also a member of the Resuscitation Commission of the American Medical Association and the National Electric Light Association, which in 1913, with Prof. W. B. Cannon as chairman, studied and reported on resuscitation apparatus and methods, and which later made a similar report to the Bureau of Mines.¹

It is noteworthy that the control over the manufacturers of resuscitation apparatus indicated in the preceding paragraph has not had back of it any specific legislation. The approval or disapproval of the Bureau of Mines and of the National Electric Light Association, and the acceptance or rejection of advertisements by such magazines as *The Journal of the American Medical Association*, practically make or destroy the market for apparatus. Both in effectiveness and in flexibility, this method of control under disinterested expert advice and solely in the interest of the public seems far preferable to that by legislation, either national or by the separate states.

Pulmotor

The first of the several forms of apparatus now on the market to attract attention was the pulmotor. In this device a tank of compressed oxygen was connected through a reducing valve with an injector, so that a considerable volume of air was drawn in, mixed with the oxygen, and the current directed through a hose to the face mask. It was generally believed by persons purchasing the pulmotor that pure oxygen, or air greatly enriched with oxygen, was supplied to the patient. This, however, was not the case, as the injector diluted the oxygen with ten or twelve times as much air. In various analyses the oxygen content of the gas supplied by the pulmotor was found to be about 28 or 30 per cent. As

1. Report of the Commission on Resuscitation from Electric Shock, published by the National Electric Light Association, New York, 1913. Report of the Committee on Resuscitation from Mine Gases, Technical Paper 77, U. S. Bureau of Mines, Washington, 1914. Work of the Commission on Electric Shock, editorial, *The Journal A. M. A.*, Nov. 1, 1913, p. 1637.

pure air contains 21 per cent., the oxygen enrichment was therefore not considerable. The purpose really served by the compressed oxygen was to supply the motive power which worked the apparatus. Compressed air would have been equally effective for this purpose.

The force of the air coming from the injector actuated an ingenious mechanical device by which a valve was alternately thrown in one direction or the other, so that air was blown to or sucked from the mask fastened over the patient's face. In order for this device to reverse, however, a considerable positive or negative pressure was necessary, and these pressures came just at those points in respiration at which they were most unnatural. Furthermore, in case of any obstruction to the flow of air, the positive and negative pressures necessary to reverse the apparatus were induced in such rapid succession that the suction and injection phases alternated too rapidly for the subject's lungs to be properly distended and deflated. This was liable to occur if for any reason there was an obstruction in the throat. Some part of the injector or reducing valve was also found liable to get out of order, thereby rendering the apparatus ineffective.

The objections to the pulmotor concerned not only its deficiencies as a means of administering artificial respiration, but also its extraordinary effect on public opinion. Although its manufacturers, the Draeger Company, have shown themselves at all times during my experience with them to be a highly honorable and well intentioned business concern, nevertheless there has probably never been invented an apparatus which of its own accord aroused such extravagant and unfounded expectations among the general public. It was, indeed, impressive to see the apparatus working automatically. Coupled with the ignorance of most persons as to the distinction between mere unconsciousness and respiratory failure, and as to what part treatment can play in resuscitation, the interest which the pulmotor excited caused it for a time to receive such an amount of free advertisement through the newspapers as would undoubtedly have resulted in its being purchased almost universally within a few years. Public opinion in numerous cities compelled the gas, electric light and telephone companies, and the fire and police departments to purchase pulmotors. From the newspaper accounts of cases in which the pulmotor was employed, one would have supposed, and many persons, including even physicians, evidently did believe, that the pulmotor was practically capable of restoring the dead to life. It was described as "forcing

oxygen in and sucking the poisonous gases out." For a while no one seems to have inquired why, in these processes, the lungs were not exploded, or the pulmonary blood sucked through the trachea.

This exploitation was brought to a sudden stop by the report three years ago of the Commission on Resuscitation, adverse to the apparatus, or rather to the extravagant reports and beliefs current concerning it. In particular, the investigations of the committee showed conclusively that in at least a large percentage of the alleged resuscitations—especially from illuminating gas poisoning—the subject was breathing spontaneously before the apparatus was applied. Artificial respiration was therefore not needed and could not possibly have contributed materially to the patient's recovery.

Lungmotor.

The other devices thus far placed on the market are of a simpler type. The "lungmotor" consists of two pumps—to all intents and purposes, such pumps as are used to inflate bicycle or automobile tires. They are fastened together in such fashion that the down stroke forces air from one of the pumps into a mask held over the patient's face, while the up stroke withdraws some of the air from the patient's lungs into the other pump. An oxygen tank can be connected so that the air injected into the lungs can be enriched to any desired extent with oxygen.

The advisability of actively withdrawing air from the lungs is a matter on which there may at present be a reasonable difference of opinion. Such light as experiment can throw on the matter is afforded by the fact that some years ago an apparatus which worked in this fashion was invented by Prof. Hans Meyer of Vienna and was installed in a number of physiological laboratories both in America and Europe. Apparently it has been generally discarded, and return has been made to the ordinary method of intermittent injection of air into the lungs with intervening periods for the elastic recoil of the chest to force the air out through a hole in the side of the tube leading to the mask of tracheal cannula. I am inclined to doubt, however, whether an active withdrawal of air with a pump of limited stroke has any very serious objections, since the suction ceases at the end of the stroke. Some years ago in experiments with two pumps arranged in a manner similar to the "lungmotor," and worked quite violently, I observed no particular ill effects on the lungs. The manufacturers of the "lungmotor" claim that in drowning cases

the suction feature is advantageous. The apparatus can be worked so as to use only the injection pump, by leaving the tube to the suction pump disconnected.

Vivator.

Even simpler is the "vivator." It consists of one pump, which forces air through a tube to the mask held over the patient's face when the plunger is forced down, and of a valve which is opened to allow this air to escape during the upstroke of the pump. It is practically identical with a simple arrangement of an automobile tire pump which has worked satisfactorily for experiments requiring artificial respiration in my laboratory for the past ten years. It is, however, rather clumsy and noisy. It is possible that both with it and with the "lungmotor" a somewhat excessive positive pressure might be produced. To prevent this it appears advisable that in apparatus of the pump type there should be a blow-off valve or equivalent device, set to open under a water column pressure of 25 cm. (10 inches), and that when as in the "lungmotor" there is also a suction pump, there should be an inlet valve set to open under a pressure of 15 cm. (6 inches). It would be of advantage also if there were another valve on the mask which could be opened in order to test the capacity of the victim to maintain natural breathing without removal of the mask.

Pulmotor Model B.

Recently the Draeger Company has brought out an apparatus which they call the "Pulmotor Model B." Its motive power is supplied either by a tank of compressed oxygen or by a tank into which air is first pumped by the operator. The compressed gas, oxygen or air, passes through a tube to an injector where it aspirates a considerable amount of outside air and thus provides a sufficient current and pressure for artificial respiration. By means of a switch worked by hand the injector can be directed so that the current is blown through a tube to the face mask, or aspirates the air, from it. The apparatus is in all essentials a pulmotor without the automatic feature, to which the committee mentioned above particularly objected, and which exercised for a time such a hypnotic effect on newspaper reporters and the public.

The "Pulmotor Model B," like the original form, appears not to be capable of supplying a high percentage of oxygen, as the injector necessarily draws in a considerable volume of air with which the oxygen is diluted. The mechanism of the apparatus is also rather delicate and liable to be put out of order by rough usage. On the other hand, in a hospital or

laboratory where compressed air is available, or where a small air blower connected with an electric motor could be installed, for treatment in morphin cases or asphyxia neonatorum, or in the operating room, it is possible that "Pulmotor Model B" might prove a satisfactory and useful instrument. For the interne charged with maintaining respiration in a morphin case and with compressed air at hand, it would certainly have the advantage of being far less tiring than any other piece of apparatus now available.

In order to avoid any danger of excessive positive or negative pressure, it is recommended that there should be inlet and blow-off valves set to a positive pressure of not more than 15 cm. (6 inches) water gage, and a negative pressure of 10 cm. (5 inches) water gage. The limits of pressure would be lower than in the case of pump apparatus because the patient's lungs may be subjected to the pressure for a longer time. The apparatus should also be made capable of feeding pure oxygen, or at least air largely enriched with oxygen.

Other Apparatus.

The latest but probably by no means the last apparatus to appear is the "life motor." This device has not yet come under my examination. It is claimed, however, by its manufacturers that it is an efficient and easily adjustable apparatus for administering artificial respiration, and for supplying oxygen or air enriched with oxygen.

There is really no limit to the number of devices of this sort which can be, and perhaps will be, got up; hand bellows, foot bellows, bellows run by a motor, pumps, single and double, acting directly or through an injector. The mechanical requirements are easily met. The important thing is that the apparatus should be of such a simple character as not to impose on the credulity of the ordinary man. All that any apparatus yet invented can accomplish is artificial respiration with air enriched with oxygen. The superiority of a mere pump over any automatic apparatus lies in its simplicity. The same men who regarded the pulmotor with awe and wonder remark, of the "lungmotor," "Why, you can blow up an automobile tire with that thing."

Manual Method Versus Apparatus in Artificial Respiration.

Even in respect to a simple pump, evidence is accumulating that physicians, as well as laymen, are prone to overestimate what can be accomplished with apparatus. In consequence, the immediate application of manual artificial respiration is neglected, and thereby life is lost while the apparatus is be-

ing sent for and brought. Thus in a recent disaster in which an overcrowded vessel sank at its wharf, it appears that the victims when taken from the water, instead of being treated immediately by the prone pressure method, were carried some distance to a temporary hospital and were then treated with apparatus. Probably all of them were beyond recovery even when taken from the water; but it is significant of the overestimate placed even on so obvious a thing as a pump that some physicians are reported to have expressed surprise that the apparatus (lungmotors) effected no resuscitations.

On the scientific side there can be no doubt that in a man or animal in whom natural respiration has ceased, but the heart is still beating, life can be maintained more easily and much longer by means of artificial respiration administered with a pump or bellows than by means of either the Sylvester or Schafer manual methods. In all physiologic laboratories, apparatus for maintaining artificial respiration is provided. If an experiment is to be performed in which spontaneous breathing is eliminated (as under curare or after decapitation), no physiologist relies on his janitor or laboratory boy to keep the animal alive by squeezing the chest or working the fore legs.

The Resuscitation Commission found that although the prone pressure method of artificial respiration devised by Schäfer² is in nearly every respect superior to the Sylvester method, yet the claim of Schäfer that by his method as much air can be administered even to an apneic subject as is obtained by the subject in normal breathing is not justified. It is true that in experiments on normal men, if the subject is not in apnea, as much air—in fact **exactly** as much and never appreciably more or less—is drawn in and forced out of the subject's lungs by the prone pressure method, as the subject would himself spontaneously breathe. It was indeed the noting of this fact which led me while working on the commission, to discover that in a conscious, normal, not apneic subject, the subject's own respiratory center, rather than the exertions of the operator, determines the amount of pulmonary ventilation afforded by the prone pressure method. The operator squeezes air out of the lungs, but between the applications of pressure the subject's respiratory muscles draw in what he needs—no more and no less. In fact, the chemical control of respiration is strikingly exemplified by the behavior of a normal man under "artificial" respiration. On the other hand, after the subject has performed forced

² Schafer, E. A.: Harvey Society Lectures for 1907-1908, New York, 1909, p. 223.

breathing and has thus brought himself into a condition in which there is no spontaneous activity of the respiratory center, the amount of ventilation obtained by the prone pressure method is markedly reduced.

Furthermore, it was found on animals in respiratory failure (induced by an excess of chloroform) that the amount of air, as measured by a spirometer connected with the trachea and recording on a smoked drum, which can be drawn in and forced out of the chest by manipulation of the fore limbs and squeezing of the chest and abdomen, gradually decreases as the muscles of the body lose their tonus. At first and while the tonus or elasticity of the muscles is still high, soon after spontaneous breathing has ceased, a very considerable movement of the spirometer can be induced. But after ten or fifteen minutes, when the body has become entirely flaccid, only a quite negligible movement of air in and out of the chest results, even from the most vigorous stretching and compression.³

While working on the Resuscitation Commission, Dr. Meltzer found that in dogs after abolition of muscular tonus by means of curare, the Sylvester method supplied a respiration sufficient to maintain the heart beat for only twelve minutes, while with the Schäfer method the shortest time was eighteen minutes and the longest thirty-one. With no treatment whatever, the heart would have continued to beat for from eight to ten minutes.

The most important scientific point in this connection, however, is the fact that from the moment when spontaneous respiration ceases, whether by drowning, electric shock, excess of anesthesia, gas poisoning or any other form of asphyxia, the probability of restoration by any method grows rapidly less as the minutes pass. The Resuscitation Commission, after considering the matter in the light of such evidence as is available, concluded that probably ten minutes is the extreme limit of time beyond which restoration is practically impossible. It is true that there are occasional popular reports of persons who are supposed to have been in the water or buried in a cave-in for a longer time than this, and who have been restored; but in such cases it is highly improbable that there was complete submergence or that the reports in other respects represent the actual facts. In the class of cases with which I am best acquainted, namely, those in which respiration fails under anesthesia in cats and dogs under experiment, the large majority have proved suscepti-

3. Liljestrand, Wollin and Nilsson made similar observations (Skand. Arch. f. Phys., 1913, xxix, 198).

ble of restoration by the administration of artificial respiration, provided it was given immediately. Indeed, I have a strong impression that during the first minute after the cessation of breathing, the administration of manual artificial respiration is more effective than that by means of a pump or bellows, the reason apparently being that a slight assistance is given to the heart and circulation by the manual method which is not afforded by mere changes of air pressure in the lungs. Certainly both in the laboratory and operating room, in the great majority of cases the immediate application of manual artificial respiration is effective in restoring normal breathing. On the other hand, a delay of even two or three minutes has usually resulted in the failure of the efforts applied thereafter; and if the animal has been left without measures of resuscitation for five minutes after the cessation of spontaneous breathing, the subsequent efforts at revival have never been successful.

In the large majority of the reports of alleged restorations effected with apparatus, the statement that the apparatus was telephoned for and was rushed to the spot is a significant item. A telephone lineman touches a wire which has been crossed with a power line, and falls to the ground unconscious and apneic. A man who went to bed drunk in a cheap hotel is found in the morning with the gas turned on. A man in a trench in the street over a leaking gas pipe is overcome. A longshoreman falls into the harbor and is hauled out and laid limp on a wharf. Suppose that in such cases the rescuer runs to the nearest telephone. Apparatus is "rushed to the spot." It arrives after the tenth minute (and it will seldom arrive so soon) the man is dead, and the vigorous working of the apparatus for the next hour succeeds at most in producing an emphysema in the corpse. Even in the unusual case in which the apparatus arrives and is applied in six or eight minutes, the chances of resuscitation are not nearly so good as they would be if the prone pressure manual method had been begun within thirty seconds after the accident.

In those cases in which apparatus was not applied until twenty or thirty minutes after the accident or after the patient was found—and such cases form the large majority of alleged cures—it is practically certain that the patient never ceases to breathe spontaneously, and that the apparatus contributed nothing material to his recovery. This was true of practically all the cases investigated by the Resuscitation Commission, and it is true of a number of cases which I myself have attended (as an observer) since the commission

made its report. It is significant that the attending physician in some of the latter cases was inclined to attribute to the effects of apparatus recoveries which were clearly and solely the result of nature.

From these facts it seems fair to advise that breathing apparatus should be provided in those fields of work in which it can be at hand when an accident occurs, but not for cases in which it must be sent for. A reliable air pump for artificial respiration is an important part of the equipment of a mine rescue crew—not so much for the men rescued from an exploded or burning mine as for use on members of the rescue party who may be overcome. Artificial respiration apparatus could advantageously be kept at bathing beaches. It might also sometimes be useful for the men in a city fire department. In nearly any hospital it is likely sooner or later to prove useful. Apparatus suitable for use on newborn infants should be introduced into every maternity ward. It does not appear, however, that **unless the employees of a gas, electric light or telephone company have been drilled in manual methods and warned not to wait for apparatus**, the purchase of apparatus will appreciably decrease the likelihood of fatalities outside of the central works. An apparatus kept at police headquarters to be sent in an ambulance is a waste of money and a probable increase of the hazards of life. The general training of policemen, firemen, and especially schoolchildren in the prone pressure method would save more lives than the purchase of any amount of apparatus.

As a means of partially counteracting the tendency to exaggerate the value of apparatus, the Bureau of Mines recommends that the directions which go with every piece of apparatus should include the description of the prone pressure manual method as given in Miners Circular No. 8, and that there should also be printed on the outside of the case containing the apparatus, in prominent characters, words to the following effect:

“If spontaneous breathing has ceased and this apparatus is not already on the spot, administer artificial respiration by manual methods without the loss of a moment, and continue to do so until the apparatus is brought. Otherwise, life will be extinct before the apparatus arrives. Except to remove the patient from a locality containing irrespirable gases, never carry him to the apparatus; he will be dead before he gets there.”

Finally, attention should be called to the value of oxygen inhalation apart from artificial respiration for men who have

been "gassed" or overcome by smoke nearly or quite to the point of unconsciousness, but not of respiratory failure. For this purpose the method of feeding the oxygen through a funnel suspended some inches above the patient's face, as is done in some hospitals, especially in pneumonia and illuminating gas cases, is entirely inefficient and wasteful. Most of the gas blows or diffuses away, and the air inhaled is enriched by only 3 to 5 per cent. of oxygen. The proper administration of oxygen requires an apparatus similar in type to that by which nitrous oxid is usually given, except that there should be no rebreathing. It consists of a tank of compressed oxygen connected by a tube to a rubber bag of from 5 to 10 quarts' capacity, and a mask with an inspiratory valve connected with the bag and an expiratory valve to the outside air. An appliance of this sort is sold by some of the manufacturers of mine rescue apparatus, and should be included with all apparatus for artificial respiration. The gas tank, rubber bag and mask are obtainable in any large city, and are easily combined.⁴ Such apparatus would spare many a city fireman a bad headache and sometimes a weakened heart.

Conclusions.

1. Universal training in the prone pressure manual method of artificial respiration will accomplish more for resuscitation from drowning, electric shock, and asphyxia than is possible by providing any amount of apparatus.

2. Artificial respiration with apparatus is superior to the manual method, in that the apparatus is capable of giving a normal volume of pulmonary ventilation while the manual method is not.

3. Nevertheless, the immediate application of a poor method is far more important than the application of a perfect method after a delay of even five minutes. The knowledge that apparatus is available is liable to result in a neglect of immediate manual treatment in order to have the apparatus brought from a distance.

4. Apparatus should be provided only in places in which it will be immediately available.

5. Since all that any apparatus yet invented affords is artificial respiration with air more or less enriched with oxygen, it should be of a simple type so as not to produce exaggerated ideas of its efficiency.

6. Oxygen inhalation should be used immediately in gas and smoke cases, but the apparatus employed should be such

as will allow the oxygen to reach the patient's lungs in efficient concentration. Such apparatus should go with every artificial respiration device.

7. Investigation of the use of artificial respiration apparatus in asphyxia neonatorum is needed.—Jour. A. M. A.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., Inglewood, Cal. Secretary.

NEWS ITEMS

Dr. Ovid Laws, Los Angeles, who is in his ninetyeth year, is very ill.

Dr. J. C. Solomon, Los Angeles, presented himself with a new automobile as a Christmas gift.

Dr. E. S. McClelland had the most interesting case in The Westlake Hospital last month. His patient had two perforating ulcers of the stomach, the most interesting part being that the man lived notwithstanding the fact that he refused operation until the peritonitis became general.

Dr. W. E. Smith, Whittier, has been a frequent visitor at the Westlake Hospital recently as he has a very sick patient who underwent an operation for appendicitis with abscess formation.

Dr. Lewis Lee is located at Seabright, California, and is so prosperous that he contemplates taking a trip to Europe.

Dr. M. F. Bettencourt, Mart, Texas, was a pleasant called at this office just before Christmas. The Doctor was en route to Watsonville, to visit his parents over the holiday season.

The Panama Pacific Fair at San Diego closed on the last day of the year and all Southern California felt sad, as it was such a beautiful place that we enjoyed going often and staying late. Dr. O. C. Welbourn drove down during the last days for a farewell visit.

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☛ Original Contributions ☛

REMINISCENCES OF NEW YORK

Wm. B. Quinn, M. D., Hollywood, California

Read before the Los Angeles Eclectic Medical Society

The title of this short paper would suggest that many personal experiences would naturally be called to mind and touched upon and described to you from a medical point of view, however I would rather choose to but roughly sketch the scope of some recent hospital work emphasizing at this particular time a subject that is more or less of current interest as it has not only confronted the medical profession as an every-day problem requiring a satisfactory solution, but also it has, and is proving a distinct social evil that has demanded the enactment of a Federal law and the attention of many people and organizations that are working daily for better individual social conditions as well as the public welfare in general.

I wish to speak of Narcomania and one of the various methods of treatment for it. It was my experience to have a special opportunity of observing the effect of the law that restricted the use and sale of certain narcotic drugs in precipitating the necessity for the care of hundreds of drug habits and the manner in which the problem was and is being handled by a large general hospital of a great city, where there is daily on an average of 40 patients, men and women under treatment for drug addiction, where over 2500 such cases were treated during a period of two years.

Drug addiction or the habitual use of habit forming drugs, particularly, narcotics, has of course existed for ages among many races and peoples, but it seems as though just recently we have been brought to the realization of what has grown to

the proportions of a social evil. The cause underlying the condition is no single one, as is very obviously demonstrated by investigations of the histories of hundreds of cases giving the circumstances that led to the initial use of certain drugs, the different stories told, if credence may be placed in many of them, run the whole line of countless physical and mental tragedies. Investigations are being made at the present time to enable us to decide whether the affliction is based upon a condition that may be termed "Hereditarily neuropathic" or whether the symptoms are due to degenerative mental changes incurred from the habitual use of the drug, it would seem at the present that the cases are equally divided. Be that as it may, there seems to be an endless variety of combinations of circumstances that account for the establishment of the habit, it may have been the result of much physical suffering following the less brilliant result of a surgical operation, it may be due to the too frequently indiscriminate use of a drug upon the part of a Doctor. It perhaps many times is established by the use of a drug to overcome excessive physical and mental fatigue, as evidenced among certain theatrical people, who have contracted to do a special turn during which they must always appear their best with distressing regularity. Or indeed a most frequent cause is association with other people who are habitues, and here might be mentioned the peculiar tendency among drug users to have something in common with each other so that there may be said to exist a fraternal order amongst them or at any rate the tendency to clique. It is also of interest to note a peculiar characteristic of the drug in most general use—Heroin, that the habitual user is impelled by a great desire to have his friends and associates share some of his wonderful possession, so that they too may know the joys of exaltation that he experiences and this is of no small importance in the consideration of the etiology of drug addiction.

While of course a very large percentage of the cases in the above mentioned series were so called "denizens of the ten derloin" it was astonishing the widespread use of drugs among very different classes of people and it no doubt is your own experience with this particular affliction. At present since the faults and virtues of the present law are apparent, the question is being discussed, whether or not the use of habit-forming drugs is becoming less among the middle and upper classes, or for that matter among the lower classes, definite conclusions have not been reached.

Inasmuch as the modes of curative treatment are many and by no means standardized and while the medical cure of the condition is possible it is of utmost importance to emphasize the very necessary supervision and social adjustment that must follow the medical treatment, which in the majority of instances is so inadequate as to account for failure in securing permanent and satisfactory cures. Any of the various methods of treatment entails an immense amount of detail and care and responsibility upon the part of the ones involved, and when the first successful steps are built up promising highly satisfactory cure, the patient is then discharged from the hospital and owing to the hospital's limitations as well as the inadequate facilities for genuine social service, the patient returns to his former surroundings, his former group of companions and his very often easy accessibility of the drug, and while moral courage may keep him away from it perhaps days, even weeks and months, he again becomes addicted, this accounts for the many recurrences of the condition as well as the too often unfortunately discredited treatment. It is apparent that every drug user has at some time the impulse to break away from a habit that is enslaving in its influence whether the impulse is due to an inherent desire that is the result of right thinking or as in many of the cases the result of dire circumstances sooner or later it will lead them to secure, or force them to submit to medical attention for the condition. This brings us to the consideration of the outline of treatment.

As you know one or more or a combination of the various members of the Solanaceae are utilized very largely as the basis of many of the variety of "cures," in this particular one Hyoscine is the drug used, the hydrobromate salt. The patient is, let us say, under the impulse above mentioned in which he is desirous of ridding himself of his habit. He is given a thorough physical examination which of course becomes the index to the subsequent individualized treatment, he is very often reassured in his own mind by the examination, the detailed account of how much drug he generally uses, when his apparent condition is noted to decide whether he is in immediate need or suffering as the result of lack of drug, or whether the drug may be entirely withdrawn. He is then given a bath and cathartic and is put to bed. Immediate withdrawal of the drug may be and frequently is possible without great suffering, on the other hand some cases may be put in much better condition for the treatment by

sufficient administration of the drug in order to obtain a better physical and mental state. Hyoscine is then administered hypodermically in 1/100 gr. doses every hour until the patient is in active delirium, which is readily determined by a few simple tests and experience; this delirium is kept up by as few and diminishing doses of the Hyoscine as possible for a period of 48 hours; it may require 1/100 gr. q. h., or only 1/200 gr. q., 2 h. or 3 h. During this time the patient is watched by a nurse experienced in this particular kind of work; the patients are given plenty of water to drink, liquid nourishment, the temperature, pulse and respirations carefully watched, as well as the general precautions with any delirious patient. After the period of 48 hours, the Hyoscine is discontinued and elimination is stimulated by further catharsis, and at times hot packs, after which the patient gradually comes out of the delirium, of which there has been a condition of amnesia. Also it would seem the craving for the drug has gone. This then is the fundamental basis for cure. The patient's diet is gradually increased and tonic measures instituted. Strychnine nitrate or Tr. Nux Vomica is beneficial. Also Tr. of Belladonna, of Hyoscyamus and Avena are helpful, this together with mental support brings about the condition wherein the patient is free from his enslaving drug. In the majority of cases they will respond well to tonic treatment and improve wonderfully in general health. Then comes the beforementioned important phase of supervision and restraint as to former associates, and the finding of a healthful occupation. Inasmuch as most habits average between 15 and 30 years of age it is indeed gratifying to be able to restore to healthful and useful life these comparatively young people.

ALKALOIDS AND GLUCOSIDES

Dr. H. C. Smith, Glendale, California

Read before the California Eclectic Medical Society

Alkaloids

Latin names ending in "ina," English in "ine," are nitrogenized organic bases; occurring in plants (also in animals) usually, if not always, as waste products, and in combination with acids. Usually poisonous and intensely bitter, they serve to protect those parts of the plant which are used for food storage from animals.

They are characteristically common in some families, like the Rubiaceæ, while from others, like the Compositæ, the largest of all families, they are nearly or quite absent" (Rusby).

They are mostly crystallizable. Some formerly thought to be liquid or amorphous are crystallizable if pure. If not crystallizable, the salts usually are. Some are volatile. Many alkaloids while acting as proximate principals themselves, are readily separated by enzymes or chemicals into other alkaloids and associated substances. These are necessarily unstable. In some cases an alkaloid will result from the decomposition of a glucoside, as Solanidine from Solanin.

The strong tendency is toward solubility in alcohol, and insolubility in water, but with their salts, the reverse is generally true. They unite with acids to form salts without displacing the hydrogen of the acid. Some, like Caffeine are very feebly basic. In many cases two alkaloids, one a derivative of the other, occur in the same plant, with antagonistic properties.

Alkaloids converted into Methyl compounds, are usually antagonistic to those so yielding them.

The addition of acids converts them into salts which are usually more soluble, and the physiological properties usually unaltered. These salts differ greatly in solubility. In most cases the Acetates are most readily soluble, the Hydrochlorides next, and the Sulphates least so.

In some cases a physical incompatibility exists, so that the alkaloid is precipitated.

All salts which will turn red litmus-paper blue will precipitate aqueous or weak alcoholic solutions of alkaloidal salts. Such solutions are nearly always precipitated by alkali hydrates, soluble salicylates, benzoates, iodides and bromides, tannic acid, chlorides of mercury and gold. The presence of mucilage or hydrated starch will sometimes prevent this precipitation, especially that by tannic acid.

Oxidizing agents will destroy the alkaloid, except when they enter into saline combination.

This may be used in antidotal treatment, as Potassium Permanganate in Morphine poisoning. Chloral Hydrate is incompatible with many alkaloids, forming a soft or liquid mass.

The solanaceous alkaloids, aconitine and coniine, are decomposed by alkalies.

Principal Alkaloid-Bearing Drugs

Aconite, Monk's hood or Wolf's bane.....	Aconitine
Belladonna, or Deadly Nightshade.....	Atropine
Berberis, or Oregon Grape.....	Berberine
Caffea, or Coffee.....	Caffeine
Chelidoneum, or Garden Celandine.....	Chelerythrene and Chelidonine
Cinchona, or Peruvian bark.....	Cinchonine, Cinchonidine and Quinine
Erythroxylum, or Coca.....	Cocaine
Colchicum, or Meadow Saffron.....	Colchicine
Conium, or Poison Hemlock.....	Coniine
Gelsemium, or Yellow Jasmine.....	Gelseminine and Gelsemine
Granatum, or Pomegranate.....	Pelletierine
Guarana, and Theobromine Cacao.....	Caffeine
Hydrastis, or Golden Seal.....	Hydrastine and Berberine and (Artificial) Hydrastinine
Hyoscyamus, or Henbane.....	Hyoscyne and Hyoscyamine
Ipecacuanha, or Ipecac.....	Emetine and Cephaeline
Lobelia, or Indian Tobacco.....	Lobeline
Nux Vomica, or Vomit nut.....	Strychnine and Brucine
Opium.....	Morphine
Morphine Derivatives:	
Methyl Morphine	Codeine
Dimethyl Morphine	Thebaine
Diacetyl Morphine	Heroine
Diethyl Morphine Hydrochloride....	Dionine
	Papaverine
	Narcotine
Artificial alkaloids	Apomorphine and Apocodeine
Physostigma, or Calabar Bean.....	Physostigmine or Eserine
Pilocarpus, or Jaborandi.....	Pilocarpine and Pilocarpidine
Piper, or Pepper.....	Piperine and Piperidine

Sanguinaria, or Blood Root.....	Sanguinarine, Chelerythrene, Protopine and Homochelidonine
Scoparius, or Broom.....	Sparteine
Spigelia, or Pink Root.....	Spigeline
Staphysagria, or Stavesacre.....	Delphinine, Delphinoidine, Delphisine and Staphysagrine
Tabacum, or Tobacco.....	Nicotine

Mixed Alkaloids

Aspidosperma, or Quebracho (6).....	Aspidospermine
Granatum, or Pomegranate.....	Pelletierine
Stramonium, Jimson Weed or Jamestown Weed (3)	Daturine
Veratrum, and Asagroea Officinalis.....	Veratrine

Important Alkaloids Soluble in Water

Coniine, Codeine, Caffeine, Nicotine, Atropine (nearly 4 grains to the ounce), Pelletierine, Lobeline.

Alkaloids, Which With Their Salts, Are Little Soluble in Ordinary Solvents

Strychnine and Sparteine.

Glucosides

Latin names ending in "inum," English in "in," "are compounds of Glucose with some other substance, the latter class covering a wide range and occasionally containing Nitrogen" (Rusby). "In some cases, an alkaloid will result from the decomposition of a glucoside" (Rusby). "Few of them, if any, contain Nitrogen, but they all contain C., H., and O." (Potter).

Glucoside-Bearing Drugs

Glycyrrhizinum—Licorice Root.....	Glycyrrhizin
Solicinum—Salix and Populus Barks.....	Salicin
Strophanthus, or Kombe Arrow Poison.....	Strophanthin and Strophanthidin
Adonis Vernalis, or Pheasants Eye.....	Adonidin or Gualtherice, Wintergreen
Chimaphilla, or Papsissewa.....	Arbutin
Uva Ursi, or Bearberry, Epigeeae Repens, or Trailing Arbutus,	
Apocynum, or Canadian Hemp.....	Apocynin and Apocynein

Colocynth, or Bitter Apple.....	Colocynthin
Convallaria, or Lily of the Valley.....	Convallarin
	and Convallamarin
Rhamus Frangula, or Buckthorn.....	Emodin
Rhamnus Purshiana, or Cascara Sagrada,	
Rhamnus Californica,	
Aloes Socotrinae,	
Rheum Officinale, or Rhubarb and	
Acaciae Senna,	
Bitter Almonds, Peach Seeds, Wild.....	Amygdalin
Cherry, Cherry Laurel,	
Peach, Plum and Cherry Leaves,	
Jalap	Convolvulin
	or Jalapurgin
Digitalis—Fox Glove	Digitalin,
	Digitoxin,
	Digitalein
	and Digitonin
Dulcamara, or Bitter-Sweet.....	Dulcamarin
Phytolacca, or Poke Root.....	Phytolaccin
Scammony, or Gamboge ,also Jalap).....	Jalapin
Scilla, or Squills.....	Scillitoxin,
	Scillipicrin
	and Scillin
Sinapis Niger, or Black Mustard.....	Sinigrin
Sinapis Alba, or White Mustard.....	Sinalbin

Piper Nigrum, or Black Pepper, Quillaja, or Soap Bark, Soap Root, Senega, Euonymus, or Wahoo, and Caullophyl-
lum or Blue Cohosh, and many others, contain Saponin,
which is a glucoside, but has distinct and important proper-
ties. Tannin is technically a glucoside, but differs greatly
from the others.

Glucosides act as reserve foods to the plant, and are broken
up by special enzymes. They are decomposed into glucose
and other constituents by boiling with dilute acids and alka-
lies. "They are mostly soluble in both water and alcohol.
Some, like Amygdalin, are inactive until such decomposition
occurs, while others may be thus rendered inactive" (Rusby).
Glucosides are decomposed by the mineral acids, including
Hydrochloric Acid; therefore, they should not be adminis-
tered in conjunction therewith, nor while gastric digestion is
in process. The ideal method of administration is hypoder-
matically; but if necessary to administer by mouth, best re-
sults are obtained if given one-half to one hour before meals.

REMINISCENCES

Jos. G. Tomkins, M. D., Berkeley, Calif.

When a student of a medical, or any other college, has received a three or four years training, a diploma, and license to practice, his chosen profession, he is apt to think he knows it all; to be optimistic is a valuable adjunct, and if not in excess is really helpful, but if he is fortunate enough to possess an analytical mind, c. c., looking for, and investigating cause and effect, he is likely after ten years of active practice to arrive at a more moderate conclusion; for as practice takes the place of theory, his mind moves on a different plane of action, becomes more selective and enlarged, and, perforce of circumstances and environment, he naturally becomes more self-dependent; and thus he follows the law of evolution and survival of the fittest as adapted to his requirements is the result. How otherwise could we as a race have evolved from barbarism to our present civilization? Still acknowledging there is plenty of room in the front to advance, it seems a law of nature that there should not be produced two things alike in the world, perhaps not in the universe, even not two sides of the same face alike, not even two flakes of snow alike; then how can we expect to find two minds alike? We have our own lens through "which we view and criticise all others' actions, and so far as they are manifested, their thoughts. Every one is fashioned after his own model. The spirit of life power is the energy to which all created forms owe their existence; this was evidently the view that King Solomon, the man credited with more wisdom than all others, had a spirit for he said, "who knoweth the spirit of the man that it goeth upward, or the spirit of the beast that it goeth downward, as one dieth so dieth the other, for they all have one breath and one spirit." I compare the life power or spirit to steam, for as steam is power only, it depends upon the machinery, whether an anchor or a cambric needle is welded, so it depends upon the brain organization, quality and arrangement of the brain cells, whether an idiot, philosopher, or genius is developed, and not upon the spirit or life power, as to how we act or think, of course education and environment has a formative influence, even as care and culture has to flowers and fruit. I am aware that I have diverged from the beaten track of the general writer for a medical journal, but every good thought has a germ of energy and vitality, even as a seed has to a flower or plant, and if sown and cultivated, will bring forth far more valuable and lasting benefit, both to the sower and reaper than is contained in its own limited and individual self.

CALIFORNIA MEDICAL BOARD QUESTIONS

(Continued)

CHEMISTRY AND TOXICOLOGY

H. Clifford Loos, M. D.

October 4, 1916—1 to 3 P. M.

(For Physicians and Surgeons)

1. (a) What is an alkaloid?
(b) Name six alkaloids and state from what obtained.
2. (a) In what condition is the determination of nitrogen in the blood of value?
(b) Give means of determining non-protein nitrogen in the blood.
(c) Give means of determining protein nitrogen in the blood. \
3. Discuss the chemistry of saliva.
4. Give in detail the methods of determining the total amount of phosphoric acid passed in the urine in 24 hours.
5. Name the ferments of the pancreas and state the function of each.
6. Write the reaction that occurs when chili saltpeter is added to sulphuric acid and heated.
7. (a) What is the poison of castor beans?
(b) How would such poisoning be treated?
8. (a) What would be a toxic dose of arsenous oxid?
(b) Describe the symptoms in acute arsenous oxid poisoning.
(c) Describe the symptoms in chronic arsenous oxid poisoning.
9. (a) What is the formula of prussic acid?
(b) Give chemical properties of same.
10. (a) Define corrosive poisons and give an example.
(b) Define irritant poisons and give an example.
(c) Define neurotic poisons and give an example.
11. What are the symptoms of mushroom poisoning and what is the treatment?
12. Why should the stomach pump or emetics not be employed in poisoning from caustic alkalies?

Answer ten questions only.

PATHOLOGY AND BACTERIOLOGY**(For Physician and Surgeon Applicants.)****D. L. Tasker, D. O.****October 4, 1916—3:30 to 5:30 P. M.**

1. What is the essential significance of the febrile state?
2. Discuss syncope, shock, collapse.
3. Discuss adaptive hypertrophy.
4. Discuss metastases; (a) metastatic inflammations; (b) neoplastic metastases.
5. Describe the characteristics of a fibroma; of a fibrosarcoma.
What degenerative changes may take place in a fibroma?
6. Discuss (a) cloudy swelling; (b) disuse atrophy.
7. What is the role of the bacillus coli in human pathology?
8. (a) Give the theory of the action of antibacterial serums.
(b) What is an homologous vaccine?
9. Give the technic of staining by Gram's method. What is its significance?
10. Name four diseases caused by metazoan parasites. Describe the life cycle of one of them.
11. In what ways do yeasts and bacteria differ? Mention two diseases due to yeast infection.
12. What is the principle underlying the specific test for syphilis?

Answer ten questions only.

ANATOMY AND HISTOLOGY**William R. Molony, M. D.****October 5, 1916—10 A. M. to 12 M.****(For Physician and Surgeon and 2,000 Hours Drugless Applicants.)**

1. Discuss the arrangement of the soft tissues which constitute the anterior abdominal wall.
2. Discuss the descent of the testis.
3. Locate four mediastinal spaces; give contents of the posterior mediastinal space.
4. Briefly describe the lacrymal system.
5. Briefly describe bony pelvis.
6. Name the muscles which are attached to scapula.

7. Give origin, course and distribution of the branches of the seventh cranial nerve.
 8. Into what vein does the following empty:
 - a. V. azygos major.
 - b. V. cephalic.
 - c. V. left spermatic.
 - d. V. ovarian.
 - e. V. basilic.
 - f. V. external jugular.
 - g. V. internal saphenous.
 - h. V. superior hemorrhoidal.
 - i. V. splenic.
 - j. V. ophthalmic.
 9. (a) Describe the vermiform appendix.
(b) Give the three chief characteristics, useful and differentiating the large from the small intestine.
 10. Describe the duodenum, including its relations and histology.
 11. Name and locate the ductless glands of the body.
 12. Give the histology of any two.
- Answer ten questions only.

GENERAL MEDICINE

Robert A. Campbell, M. D.

October 5, 1916—3 to 5 P. M.

(For Physician and Surgeon Applicants.)

1. Give five examples of reflex vomiting. Discuss one form.
2. Give symptoms and diagnosis of diabetes mellitus.
3. Give differential diagnosis, symptoms and treatment of tubercular and syphilitic laryngitis.
4. Define paranoia. Give symptoms and prognosis.
5. Discuss the treatment of a case of acute anterior urethritis in the male.
6. Discuss the causes of abdominal pain in the male diagnostically.
7. Discuss acidosis.
8. How should a case of acute broncho-pneumonia in a child be treated?
9. Give diagnosis and outline the treatment of a case of tuberculosis of the hip joint in a young adult.
10. What are the urinary findings in a case of puerperal nephritis with threatened eclampsia?

11. What are the signs and symptoms of primary and secondary syphilis?
12. Give diagnosis and treatment of pellagra.
Answer ten questions only.

OBSTETRICS AND GYNECOLOGY

H. V. Brown, M. D.

October 6, 1916—10 A. M. to 12 M.

(For Physician and Surgeon and 2,000 Hours Drugless Applicants.)

1. Explain the theories of enlargement of the uterus during pregnancy. What changes take place in the uterus in ectopic gestation?
2. Explain the difference in the location of the foetal head at the beginning of labor, in the multipara and primipara, respectively.
3. Explain the mechanism of labor and outline the movements of the foetal head in a normal case.
4. What is a hydatidiform mole? Give diagnosis and treatment.
5. Give the best methods of protecting the perineum from laceration during labor.
6. How should the third stage of labor be conducted?
7. State the causes of asphyxia neonatorum and give the methods of avoiding this accident in each instance.
8. Describe operation for ventro-suspension. Give contra-indications for this operation.
9. Name the types of ovarian cyst and describe the clinical history of a simple ovarian cyst.
10. Name three genital fistula and give treatment for one kind.
11. Give symptoms, diagnosis, and treatment of uterine fibroids.
12. Give indications for and describe the operation for amputation of the cervix uteri.

Answer ten questions only.

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VITAMINES IN FOOD PRODUCTS

Vitamines is a new word—just coined from an original die. It is intended to refer to those substances which associated with the various forms of plant and animal life, constitutes what formerly was designated as the vital principle. Their exact chemical composition is unknown and their presence unmentioned in the older chemistries. The present state of knowledge leads one to designate them as colloidal.

In the development of man the substances available for food have been of prime importance, sometimes spelling it evolution and sometimes involution. Each generation having its problems peculiar to itself and its locality, each striving for a more healthful food supply. Until quite recently food products have been called either proteids or carbohydrates and we had a hazy idea that this classification covered the whole matter. The value of any substance as a food was weighed in either or both of these scales. To be sure, there has been some protest as to the correctness of this conclusion and a few have maintained that there were "salts" found in fruits and whole grains which were necessary for proper nutrition. The exact chemical composition of the so-called

"salts" was and is still unknown, but the idea appeals to many people. As a result quite a number of "deficiency" medicines has been introduced to the profession, and not a few patented cereal foods have been introduced to the laity, each claiming to be a dietary deficiency product. Our personal opinion is that whole wheat bread is much more wholesome than is white bread.

For several years the Oriental peoples, especially the Japanese, have suffered from a disease called beri-beri. The marked feature of the disease being a disordered nutrition of a severe character usually resulting in death. In the search for its cause the Japanese followed many and diverse trails, but with such perseverance that the demon finally has been exorcised. The cause being found to be the consumption of rice which has been too "highly" prepared. It appears that polished rice which is so beautiful in appearance, has lost a substance or substances necessary for proper nutrition. This experience being analogous to our experience with white bread.

Recent investigators believe that all plants have a colloidal substance—call it vital force if you will—which is necessary to its existence as an entity and which is a leading factor in its value as a food product. As this substance is quite unstable it is readily seen that it may be destroyed in the preparation of any plant as a food product. But assuming that an animal secures this active principle and modifies it to its own use, it later may appear in a form suitable for the use of another animal; for example as milk. This food though a very common article of diet, is very unstable and in some forms quite dangerous. When the bacterial theory first came to the front it was found that milk really swarmed with bacteria. To kill the bacteria the milk was boiled, and boiled milk became a staple article of diet. Later it developed that there was something wrong with boiled milk, that children would not thrive, and sometimes died, while using it. Instead of being "nature's balanced diet" it became a deficiency diet. Naturally boiled milk fell into disuse, and we now have Pasteurized milk instead. This is a better food product, but not so good as milk which has not been heated at all. It seems clear that the bacteria in milk must be eliminated by other means or not at all, if milk is to remain a "balanced ration." In passing it may be mentioned that it has been found that butter is rich in vitamins, and this fact may

account for its superiority over other fats. Many other food products might be discussed in this connection, but the above suffice to introduce an old idea under a new name.

OBITUARY OF OVID S. LAWS, M. D.

A. P. Baird, M. D.

On Wednesday morning at 6:30, January 10, 1917, Dr. Ovid S. Laws at the ripe age of 89 years and 9 months breathed his last on earth, and as many Eclectics as could be notified attended his funeral on January 11 at 2 o'clock at the Christian Church on North Workman Street, Los Angeles, of which organization he had been a member and elder for the past 22 years, and was by the members held in very high esteem and who showed this esteem by crowding the church.

The writer had known him intimately for twelve years and has greatly enjoyed his company and fellowship both as a Christian and Physician. He was a staunch Eclectic and thoroughly believed in the medicine he prescribed, working far more for the good of the people and the honor of the profession than for his own personal gains and so he left but little worldly goods to his family—three sons and three daughters, who mourn the loss of a brilliant, loving father of whom they were justly proud, but appreciating that he left them a goodly heritage of a long life well spent, that they may well aspire to emulate, and that he sent on before him to that eternal home, where he now rests, riches that will be enduring as the everlasting ages.

Dr. Laws was born in Eastern Tennessee, April 6, 1827. When 21 years old he entered the Franklin College of Nashville, graduating four years later; the following year he matriculated in the Cincinnati Eclectic Medical College, graduating from that institution in the spring of 1854. In 1853 he married Susan Webb Jones. After graduating he moved to Kentucky and practiced there until 1856; from there he moved to Illinois, where he remained but a short time, from there he went to Jackson county, Kansas, where he practiced medicine as a country doctor, which entailed much hard work in all kinds of weather until 1891, when he came to Escondido, California, where he remained one year, then he made some unfortunate investments losing much of his hard-earned money.

He moved to Los Angeles in 1892. His wife died in 1903

while he lived on Daly Street. For the past eight years he has lived with his daughter, Mrs. King, on Baldwin Street, where he died surrounded by his devoted family of sons and daughters ministering to his every want.

It would be difficult to find a man who has done as much hard work as Dr. Laws, notwithstanding his slight frame, for all these 62 years he practiced unceasingly to within a few months of his death, prescribing for patients, when he was too feeble to dispense the medicines his daughter, Mrs. King, doing it at his directions. Notwithstanding his great age and physical feebleness, his mind remained clear to the very last, he was always ready and enjoyed the discussion of medicine and the Scriptures which he did with the writer on every visit. Many bright, thoughtful, practical articles came from his ready pen to the various journals to which he was a regular contributor for many years. In the death of Dr. Laws, Eclecticism has lost a firm adherent, a staunch supporter, a true friend.

CHRONIC GASTRITIS

Finley Ellingwood, M. D., Chicago, Ill.

Among the conditions that every busy physician has to contend with there is probably none more common or more difficult to cure radically than subacute or chronic gastritis. Being immediately associated with the processes of digestion and appropriation, the causes which are to blame for the condition are constantly present and thus much needed rest of the digestive apparatus is not secured.

However, as improper methods of eating or improper food are most likely to be to blame as far as the process of digestion is concerned, these can be altered, and food sufficient to sustain the strength and vital forces can be administered in such a manner as to enable the physician to secure results from his correctly indicated medicines while the patient is being well fed. I have thought that an article on this subject would be of practical service to a number of the readers of this journal, as it seems to me that there are methods of treating the condition so accessible, and so successful that the prescriber can well claim that he is able to cure this disorder, provided he can secure the willing co-operation of the patient.

This condition develops slowly from very common causes; that which interferes with secretion of the mucous membranes; that which results in changes in the quantity of the gastric fluids, as any change in these fluids influence diges-

tion. Deficient hydrochloric acid results in an increase of abnormal ferments, as it is the function of this acid to destroy these micro-organisms.

These ferments, as stated farther on, produce substances which exercise a mischievous influence. Furthermore, an excess of mucus, alkaline in character, neutralizes much of the already deficient hydrochloric acid, encouraging the formation of butyric and lactic acids and covering the ingested food, it interferes with the direct action of the imperfect gastric fluids.

Two most common causes are the use of alcohol and tobacco and bad habits of eating. There are probably but few who are addicted to the use of alcohol who are entirely free from this disease. Tobacco, stimulating undue secretion of saliva and causing local irritation, is a conjoint cause with alcoholism. Among the bad habits of eating are too rapid eating, which is very common, imperfect mastication and consequent imperfect insalivation, the eating of too much food, eating at irregular times or in irregular quantities, the use of strong coffee and the taking of liquids with the food, and the taking of the food or beverages either too hot or too cold.

The too free use of liquids with the food dilutes the gastric juices to such an extent as to interfere with the proper exercise of their function, thus making it necessary at times for the food to remain in the stomach until the fluid has passed out, permitting fermentation and acting as an irritant. The taking of irritating condiments or of irritating substances, as medicine, and the pernicious habit, so common to American people, of depending upon the regular use of physic to overcome intestinal inactivity are frequent causes.

Local congestions are a common cause of this disease. Congestion of the portal circle, or chronic hepatic congestion, or other affections of the liver, notably cirrhosis, chronic pulmonary congestion, and anything that will induce imperfect heart action will lead to it.

Other conditions to which this disease is secondary are tuberculosis, anemia, chlorosis, syphilis, chronic malarial disorder, Bright's disease and diabetes. It is exceedingly common in patients suffering from the uric acid diathesis—lithemia—consequently rheumatic and gouty patients are especially liable to it as a complication.

This disease is frequently of nervous origin. It is quite common with neurasthenic patients. With some of these

patients it is one of the primary causes of the disease, but in a large number of neurasthenics it is the natural results of seriously impaired or deficient nerve tone and consequent deficient nerve action. This results also in some cases in deficient functional operation of all the vital organs. While the deficiency is seen in a single organ only, it is frequently observed to be uniform in all the vital organs.

There is considerable variation in the symptoms of the various cases of chronic gastritis. But few are characteristic. At first there is an erratic appetite, with long periods of anorexia. Occasionally the appetite is abnormal, both in the desire for an excessive quantity of food and in the desire for substances that are plainly injurious or for inordinate quantities of certain foods or condiments.

Usually even a small quantity of food will produce a sensation of distention or oppression in the gastric region, a sensation of extreme fulness, or a sensation as if a hard substance was within the stomach, producing discomfort or steady, dull pain. The pain may be gripping in character, occasionally with a sensation of burning. At other times there are eructations of gas, either at the beginning of the meal or most frequently, however, from one to two hours after eating.

Occasionally there is regurgitation of partially digested food, or food mixed with the gastric secretion, or a free regurgitation of an acid, watery fluid (pyrosis, waterbrash). With neurasthenic patients I have observed regurgitation at the end of each meal of food which is apparently unchanged and unmixed with the stomach secretions.

The tongue presents a variety of appearances. When there is excessive acidity the tongue is broad and thick, sometimes filling the mouth, and with the mucous membrane of the mouth is pale. The tongue is flabby and easily indented with the teeth and is coated with a moist, uniform white coat.

When there is disturbed liver action there is a yellow stripe in the center of the tongue, which may become brown. When there is extreme inactivity of the stomach under these circumstances, the white coat becomes heavy and may be yellowish or dirty white in color. Where there is a deficiency of the acids throughout the system the mucous membranes of the mouth are dark, the tongue is dark and there may be only a slight brown coat in the center. When with deficient acidity there is extreme atonicity, the tongue becomes glazed, a violet or scarlet color, and is usually dry.

When there is a deficiency of the hydrochloric acid only, I have observed the tongue to be nearly normal in appearance, with greatly elongated papillæ, which are coated white on the tips, but show red at the base through the coating. When this disease is complicated or intestinal irritation is present, the tongue may be very rough, fissured and indented and the papillæ of irregular length.

There is usually a bad taste in the mouth. This is especially complained of upon arising in the morning. Nausea is not uncommon and vomiting frequently occurs, especially in alcoholic gastritis, when it occurs before breakfast and causes a disgust for food.

Flatulence is a distressing symptom and is a common cause of pain. Acute pain may occur immediately after food is taken into the stomach, or it may not occur until gas accumulates, from one to two hours after eating. In other cases there is a tender, sore sensation in the stomach, increased on pressure, with increasing tensive pain, which occurs from two and a half to three hours after eating or just before the next meal. This I have attributed in part to the immediate contact of the inflamed walls of the stomach, when collapsed after the expulsion of the stomach contents.

Fermentation sometimes causes spasm of the pylorus or a simultaneous spasm at both the pyloric and cardiac orifices. This causing the gases to be retained may induce excessive distention with severe pain. Palpitation from this distention, and in some cases from the presence of any quantity of gas, becomes a very troublesome and alarming symptom with many patients.

Another common symptom is dulness and drowsiness after eating. This is so great with some patients as to make it impossible for them to accomplish anything until they have taken a nap.

This class of patients are those most likely to suffer from insomnia. They pass restless, sleepless nights, rise in the morning with considerable exhaustion, and suffer from more or less headache.

This latter condition is very common among dyspeptics. It may occur after the taking of each meal, or when the food should have been digested and the stomach emptied, just before a meal, or there may be some dull discomfort nearly always present. With others the headache is paroxysmal. It appears once in from eight to fourteen days and gives premonition of its approach by increased stomach

disorders and eructations of gas, nausea and mental and physical depression.

As the headache increases the patient vomits frequently and nausea is more or less constant for a period of from one to three days. This is known as "sick headache." It is more common when there is excessive acidity than when the acids are deficient. Occasionally, as in intestinal irritation, a reflex cough is present, which is often a misleading symptom.

Whatever measures are adopted in the treatment of this disease, three things are essential: First, the physician must have the complete confidence of the patient; second, the patient must be willing to faithfully carry out the instructions of the physician; and third, all habits of the daily life, either the domestic or business life, and habits of eating which have exercised an influence in the causation of the disease must be abandoned.

Patients suffering from mental exhaustion often will find complete relief of the gastric symptoms by leaving their work entirely and spending a few weeks fishing, boating or mountain climbing. This has resulted in a complete cure in several cases under my observation. Bathing is important to these patients, but should not be overdone.

Where there is extreme soreness or tenderness in the region of the stomach good results are attained by applying a cool, wet compress over the stomach at bedtime, which should be covered by several thicknesses of a wool or silk bandage. In winter time patients suffering from this disease should be carefully and warmly clothed, as they are often deficient in power to resist cold.

Dietetic Measures.—No measures that may be adopted in the treatment are of as much importance as the dietetic measures, and an arbitrary course with all patients alike is by no means advisable. An intelligent patient will soon have made observations which will be of importance to the physician in adjusting the diet if he wisely allows himself to be guided by them. In severe cases it is a good plan to begin the treatment by a fast of from eighteen to twenty-four hours, permitting only water or water to which a little milk is added. On the second day the patient may sip hot milk and eat either a graham cracker three or four times during the day or a piece of dry toast or zwieback.

If there is a scanty quantity of urine with high specific gravity, I exclude meats from the diet for two or three weeks

and advise the patient to eat toast and non-acid fruits. These, however, may usually be selected according to the taste of the patient, advising those in season when possible.

One of my patients was cured by adhering to an almost exclusive diet of ripe grapes. At breakfast the patient should have a cooked cereal, or some palatable cereal food which he may select according to his own taste. Oatmeal is about the only cereal that I have found to be objectionable, and this may be readily appropriated with some patients. With others there may be times only when it is not digested. With this he should take some fruit, or a dish of sauce and a glass of milk. This may be drunk hot if preferred.

However much a patient dislikes to be put on a rigid diet, when this simple course is suggested to him as preliminary he will seldom complain at being obliged to follow it closely for a couple of weeks, at which time the observation of the physician will enable him to suggest a course which will be agreeable to the patient and which may be followed indefinitely or as indicated later.

If the patient finds after the physician has advised an article of diet that it cannot be taken without discomfort or disturbance of the digestion, he is to avoid it until the physician can be consulted. On the other hand, if he finds that substances which the physician has advised him to avoid can be taken with relish, do not disturb the digestion and seem to him to be beneficial, he may partake of them sparingly until he can state these facts to the physician, who should be governed in his advice by the patient's suggestion.

It will be observed that some patients will do much better not only to avoid liquids at meal times, but in taking their food as dry as possible. I have found that with these juicy meats are digested with difficulty and soups and broths will produce much discomfort. With these I advise dry toast, a cooked or malted cereal, with the least quantity of milk or cream and dry meats. The thoroughly broiled thin slices of steak, or the outside cuts of roast beef or mutton are preferable, avoiding pork and veal. I have found other patients who could eat chipped dried beef, either uncooked or cooked in thickened milk.

In the adjustment of food to the individual patient during the treatment of this disease it will be observed that food, objectionable either in taste or in its influence at one time, will later become acceptable and beneficial. On the other hand, that which produces no discomfort for a period of time

may finally become unpleasant and injurious. Again, other foods can be taken with relish and benefit at given periods, as once each week, or for two or three days at a time, every two weeks.

In the early stage of the treatment I endeavor to adjust an artificial digestive to each patient's individual necessities, so that as much as possible of the stress of the digestion be taken off the stomach and to insure the complete digestion of the ingested material. If an excess of the acids be present, as evidenced by the characteristic phenomena, the administration of from fifteen to thirty grains of sodium bicarbonate in one-fourth of a glass of water twenty minutes after eating will neutralize the excess of acids and promote digestion.

When hydrochloric acid is deficient in the stomach, from ten to thirty minims to a full quantity of water may be given after eating, every half hour until three or four doses are taken. Pepsin is of value in a limited number of cases. Pancreatin will materially assist in the digestion of fats, but is best given in conjunction with an alkali. It is available when there is distress from an hour and a half to three hours after eating.

Takadiastase is of value in the digestion of starch. It prevents constipation, flatulence, malaise and vertigo. Ingluvin is of service where there is loss of appetite with persistent nausea and evident gastric irritation, and where with these symptoms the tongue is red, thin and pointed. It will be found serviceable when gastritis is present with pregnancy. I have found pawpaw to cover a larger number of these faults of digestion than any other one remedy. It may be given in either an acid or alkaline medium. It prevents fermentation, assists both in the digestion of starches and of fats. I have been able to relieve pain in the stomach more quickly with this remedy than with either of the others when the pain was due to the presence of undigested substances.

Lavage of the stomach is a serviceable measure in some cases. In others it is detrimental. Its influence can be determined by a trial. If beneficial results are apparent it may be repeated at longer or shorter intervals as seems desirable. If the benefits continue it should be continued.

The single remedy which I am inclined to think has exercised the most direct influence in the relief and cure of this disease is *hydrastis canadensis*. Almost the entire profession

of Eclectic physicians will corroborate this statement. I have been able to persuade other physicians to use it and have observed that their results were equally satisfactory. Any of the pharmaceutical preparations of the drug will exercise a beneficial influence. Where the case is of somewhat recent origin, from five to ten grains of the powdered drug may be given in capsules after each meal.

For simple cases I have for years prescribed the yellow alkaloid of hydrastis—hydrastin or berberin—in capsules, with nux vomica, xanthoxylum, or capsicum, and perhaps a small quantity of the carbonate of iron, especially if the patient is anemic. This combination has a very wide influence. It improves the function of the gastric fluid, it restores tone to the mucous membrane, it improves the tone of the nervous system, both locally and in general, and materially benefits the functional action of the large glandular organs and restores the character of the blood.

When the tendency to fermentation is extreme and the tongue is coated with a pasty yellowish or yellowish-white coat, the sodium sulphite or the sodium hyposulphate in doses of from five to ten grains should be given every three hours for a few days. When the outpour of mucus is large, bismuth sub-nitrate is indicated. It must be given in from ten to fifteen-grain doses of a pure salt every three hours.

Smaller doses at shorter intervals will not prove so satisfactory. It is indicated when pyrosis is an aggravating complication. Bismuth sub-gallate may be given in uncomplicated cases of recent origin. Strontium bromid may be prescribed in from fifteen to thirty-grain doses every three, four or five hours when with local tenderness, hyperacidity and flatulence there is a nervous irritability or excitability, with or without insomnia.

The pronouncedly chronic cases, with excessive hyperacidity, are especially resistant to curative measures of any kind. They represent an aggravated and intractable form of the disease. For these cases I have frequently advised Prof. H. K. Whitford's method, which, if correctly adjusted with auxiliary treatment, gives satisfactory results.

He uses the following formula, carefully prepared, of the very best drugs:

Hydrastic, pulv.; ginger, pulv.; colombo, pulv.; bismuth subnitrate, aa one ounce; magnesium carbonate, four ounces.

Mix. Sig.: From half to a teaspoonful of this may be given in two ounces of water after eating.

When first used it may be given for a few days every three

hours. Where the hyperacidity is extreme, an equal quantity by weight of pure sodium bicarbonate is added and the remedy is given every three or four hours in about the same doses.

In cases where excessive mucus secretion is persistent, with tenderness, or when doubt may exist as to the probable presence of a small ulcer, I am partial to the action of *geranium maculatum*. Ten minims of the specific remedy every two or three hours, which may, if preferred, be given in conjunction with *hydrastis*, will exercise a desirable influence especially if the ulcer is actually present.

Constant vomiting, which I have found to be rare, should be treated with free evacuation of the bowels, aided by a high colonic flush and careful gastric lavage. A mixture of one dram each of bismuth and ingluvin in three ounces of cinnamon water should be well shaken and given in teaspoonful doses every half hour or hour for short periods.

There is a homeopathic remedy that is of much service in this condition and if the reader is not familiar with it he should study it up. The indication for that remedy is that sensation, so common, of extreme fullness in the stomach after the patient has eaten but little. The remedy is *Lycopodium*. It should be given in small doses as long as the indications are present, provided the prescriber does not succeed in meeting this indication during the course adopted in the treatment for other important conditions.—Ellingwood's Therapeutist.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., 1410 W. 16th St., Los Angeles, Secretary.

NEWS ITEMS

Dr. W. P. Ferguson, Santa Ana, sends in his renewal for the Journal. Dr. Ferguson has been in ill health for many months, but we hope that he will soon recover and be his own jolly self again.

Dr. O. C. Welbourn was called to Big Pine in consultation last month and enjoyed the touch of winter which he experienced while there.

Dr. A. A. Prall, Anaheim, advises the following as a dressing for old ulcers, skin grafting or severe burns. Melt paraffine and run bandages through the hot solution, then allow them to dry. These dressings are non-irritating, easy to remove, exclude the air and septic bacteria, and promote hasty healing.

Dr. E. R. Petsky is located in Bisbee, Arizona, where he likes it very much. Recently he sent a surgical case to the Westlake Hospital, but he was too busy to accompany her.

Dr. H. T. Webster of Oakland has changed his address to 498 25th Street, which means that he has sold out his practice and plans to retire and enjoy life. His intention is to spend the summer at the springs and then move to Southern California, which is the best place on earth.

Dr. Judson Liftchild, Ukiah, has resigned as superintendent of the Mendocino County Farm and Hospital after ten years' service.

There was a special meeting of the Los Angeles Eclectic Medical Society on Monday evening, January 22, at the office of Dr. H. V. Brown. The purpose of the meeting was to discuss proposed medical legislation, as the state legislature meets this year. There was a large attendance, and it was decided to make certain recommendations to the Committee on Legislation of the Eclectic Medical Society of the State of California. This committee will doubtless take some action, at the proper time.

There will be no meeting of the Los Angeles Eclectic Medical Society on the regular date in February, but instead there will be a joint meeting of the Homeopathic and Eclectics Societies on February 13, at which time there will be a dinner and papers to follow. Dr. H. T. Cox will read a paper representing the Eclectic Society. It is hoped that there will be a good attendance as the last joint meeting was a most enjoyable occasion.

Recently the Supreme Court of the United States has handed a decision which was of intense interest to the medical fraternity in California. In a test case brought, the Medical Law was upheld, although the constitutionality of the act was not passed upon. It was claimed that the law discriminated against the drugless practitioners and favored the Christian Scientists.

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♥ Original Contributions ♥

WHY—SOMETIMES—CONVALESCENCE IS RETARDED

By M. B. Ketchum, M. D.

President of Los Angeles Medical School of Ophthalmology
and Optometry

When one has passed through the different stages of a protracted sickness and is entering the period of convalescence, it is realized by all concerned that the goal of good health can only be attained by a gradual increase of what we usually term strength.

This fact is based upon the understanding that from every standpoint the vitality—nerve force—of every organ of the body is very much enervated and only able to perform in a very much modified degree its usual and necessary physiological functions.

Even to sit upright is a great effort, and walking more than a few paces is out of the question; while the diet, as to kind and amount, must receive the most careful attention simply because of the low tone of the digestive organs.

The whole consideration, in a general sense, in advising the patient is, "Be careful not to overdo yourself," a phrase that he or she usually understands to apply entirely to eating and exercise. Beyond this usual consideration the patient, and very often the physician, gives very little thought. The doctor feels that he has covered the ground in making this blanket statement to his patient, while the patient himself fully—he believes—understands what is expected of him. But does he? By no means does he, and the reason why he does not is based upon pure ignorance relative to a most vital physio-

logical function which, as long as he is awake, is in constant action, and that is, something about his eyes.

Age and general natural vitality are the governing factor with every convalescent. We all know about the "reflexes." Even the laity, from personal experience, is aware that properly fitted glasses will relieve and prevent the recurrence of severe headaches; and the eye specialist, for many years past, has learned that by carefully correcting visual defects in patients he has therewith soon relieved them of various nervous affections that previously have not been benefited by any sort of constitutional treatment.

Now, about this convalescent again. What is left for him in a way to occupy his mind excepting reading or other "close work"? He naturally feels that he is at perfect liberty to read for hours at a time if he wants to. With this preliminary talk, I will introduce the "point" in my story.

It is true that the majority of people, age not considered (statistics give as high as 87 per cent), have more or less defective vision. In order that they may accomplish the visual tasks required of good vision, the sight can be improved through the internal eye muscles that control the lens of the eye, the function of which is to adjust the perfect images on the back part of the eye—the retina—that objects at any and different distances away may always be seen distinctly. Ordinarily these are called the muscles of accommodation. With one in perfect health, and also perfect eyes, this function is always acting when the person is doing any close work. Very well, then. I must remind the reader that even under such perfect conditions in the action of this natural and normal function there is a limit to endurance, and that physiologists advise us that for only three hours a day can the eyes thus be taxed without a feeling of general fatigue following.

The next point to bring out is that in all healthy people who have defective vision there is a **constant** demand upon the nerve force of accommodation in order to maintain a better vision than nature, in their individual case, has provided for them.

The next thought is that no organ of the body is supplied with any more nerve force than enough to carry on its natural normal duties; hence comes the term "eye-strain" that people talk about and feel the effects of in various symptoms that accompany and follow it. This in otherwise so-called healthy people, mind you. If "eye-strain" enervates a person in good health who is not doing any special close work, then what have

we to intimate about the convalescent with poor eyes? The deduction is very plain to any mind. His vitality that is needed to apply to his general systemic condition is being drawn upon in excess through his eyes, and in reverse ratio will disturbing reflexes and general mal-nutrition exist with him.

Comparable with the same person in an average state of health whose resisting power is knowingly good, this same person when vitally depressed will suffer the effects of eye-strain to a much greater degree.

The lesson briefly intended to convey to you, doctor, is that in all cases question your patients as to any previous "eye troubles" and unless they are supplied with properly fitted glasses, insist on it being done without delay. I might say, also, that a good many people are not aware that many complaints that they have or have had, come from defective vision and it is surprising, in fact, that there is today a goodly number of people who do not know they have poor vision until they have a proper test made. This is usually owing to the fact that no one sees out of their own eyes but themselves and the mental pictures they get of everything they look at is as they always have known them to be and not comparative with those of some one else who has perfect eyes.

The convalescent or chronic invalid sitting in his chair or lying in bed is then, without question, using the nerve supply of his eyes to excess and should be warned against doing so under all conditions, even though he has glasses, otherwise with or without glasses and especially without, is his recovery retarded accordingly. General practitioners, as a class, do not give any particular thought about "eye-reflexes" hence I feel it my duty to call his attention to the fact that, without doubt, more so-called nervous troubles, insomnia, head-aches and allied disturbances are directly traceable to defective eye-sight than from all other possible sources combined. The Eye Specialist is daily brought into the life of people who come to him with aggravating nervous disturbances which, in due time, are entirely relieved by constantly wearing glasses that are adapted to his particular condition and relieve his eyes of the constant effort that his defect called forth in order to see fairly well.

I regret to confess that, although the art and science of refracting the human eye has within recent years been prac-

tically brought down to perfection that every one who professes to do such work is by no means thoroughly competent, and that a good percent of people who are wearing glasses are not satisfied because of ignorance or neglect upon the part of the one who furnished them.

GONORRHEA

Harvey W. Crok, M. D., Long Beach, Cal.

As volumes have been written about the disease and its sequela it is not intended to cover the entire field of pathology suggested by the title. The disease has been known for centuries, although the etiological factor was not discovered until 1879 by Neisser.

The disease is considered by some authorities to be even a greater menace to the human race than syphilis.

Be that as it may, no one will deny the fact that it does cause an immense amount of physical and mental distress. When its action on the female generative tract is taken into consideration it would seem as Montgomery says, "When once implanted on the mucous membrane of the female generative tract, it rarely, if ever, is eradicated."

Common sites for the infection to start are at the urethral orifice and on the cervix uteri.

In the first instance we have an acute urethritis to deal with and by extension it easily reaches the bladder, in which case the pain and suffering as well as the difficulty of effecting a cure is greatly increased or it may start as an inflammation of the vagina and Bartholin's glands are early affected with varying effects depending on whether the infection is very virulent or mild. If mild, it may become dormant and still be capable of reinfecting the patient or others, thus accounting for some obscure cases in the male. When virulent and especially if mixed with staphylococci it may occlude the ducts and result in abscess formation.

When the cervix is the point of infection it may easily be merely continuity of tissue reach the peritoneal cavity since after it gets above the lower third of the cervical canal the mucous membrane is all single columnar ciliated epithelium to the fimbriated ends of the tubes. A chronic gonorrheal endoverovisitis is claimed to be the greatest factor in causing ophthalmia neonatorum although infection of any other part of the birth canal might be responsible.

Many cases of abortion and placenta previa are undoubt-

edly due to the destructive action of the gonococcus on the endometrium and after it reaches the uterus is carried to all supply of blood and lymph, it may and often is carried to all parts of the body with resulting endocarditis, arthritis, etc.

If the Fallopian tubes become infected it would seem as if the chances to aid nature in the fight is very greatly increased by the anatomy of the parts affected.

The tubes have an internal diameter of about 2 mm. at the abdominal opening and still less at the isthmus, being about 1/100 mm. or about the size of a small bristle. Being smaller at either end than in the middle and also somewhat tortuous they are easily occluded with exudate and pus, rendering the patient sterile as well as causing them to become chronic invalids unless surgical measures are undertaken to relieve the condition. It is impossible in a paper of this kind to more than glance at some of the conditions for which the gonococcus is responsible. Since ignorance and prudery have failed to stamp out the condition it is necessary to try and see what education will do in that direction. As students and physicians we have to come in contact with many of the unfortunate ones and we can at least help them to a better understanding of the dangers with which they must contend as well as aid nature in her fight by the use of all the knowledge at our command.

OPERATIONS ON THE URINARY BLADDER

Dr. B. Roswell Hubbard, Los Angeles, Cal.

Read Before the California Eclectic Medical Society.

Affections of the bladder are numerous and many are of such a nature as to demand surgical interference to bring about relief and cure. Of the many common morbid conditions frequently met with in every-day practice, may be mentioned retention of urine depending upon obstruction to its egress located at the neck of the bladder, or at some point in the urethra, and paralysis of the muscular structure of the viscus, and in some cases all these conditions may exist.

Foreign bodies are often found in the bladder such as calculi; and pieces of pencils, hairpins and pebbles inserted by sexual perverts; parts of instruments and other metals resulting from violence and accidents attending operative measures; the most common of these are bullets, spicula of bone from near by osseous structure, splinters of wood and sec-

tions of catheters and other instruments, the extent of the injury to the viscus depending on the size, shape and nature of the foreign body.

Not uncommon diseases affecting the bladder are ulcerations, benign and malignant, and tumors varying in size and structure. Accidental injuries of the bladder are frequent, such as gunshot and punctured wounds, and ruptures resulting from kicks and blows. Congenital defects of the urinary viscus are occasionally met with in various degrees of severity and requires the highest order of skill to place the unfortunate individual in anything like a comfortable state of existence.

Enlargement of the prostate gland always involves the bladder in the progress of its development, giving rise to pain, vesical tenesmus and functional derangement.

Fistulous opening into the bladder resulting from pelvic abscess presents a morbid condition of the urinary viscus extremely difficult to rectify. Vesico-vaginal fistula, a pathological condition with which we are quite familiar, usually presents but one orifice, but there may be several varying in size from that of a pin-head to the destruction of the entire vesico-vaginal septum.

Operations on the urinary bladder for the relief and cure of the numerous affections, both accidental and such as are acquired by disease, requires a variety of instruments, each of which is fashioned for the special work the operator desires to execute with it. A fairly good list will include a variety of soft rubber and conical gum-elastic catheters, one or more of which should be provided with a stylet; a number of silver catheters, the distal end variously fashioned, and especially there should be at hand two sizes of a strong silver-plated instrument with two eyelets and diamond-shaped points that can be utilized to divulse urethral strictures as well as to evacuate the bladder. Let me pause to say that there is much to be accomplished by the adroit use of sounds and catheters when guided by the hand of a skillful manipulator; but a bungler may do serious harm in applying the urethral instruments. To allay the irritability and aid the passage of urethral instruments through a stenosis of the prostatic portion of the urethra, the operation should be preceded by the deep injection of a half drachm or more of a one per cent. solution of cocain in glycerine or glycothymoline lubricant, and by the way, let me advise this admixture in the treatment of involuntary seminal discharges following

urination or at other times when due to deep urethral irritation. The application can be made at bed time and two or three times during the day in aggravated cases. But to return to the listing the necessary instruments in executing operations on the bladder; straight and curved tractor with cannules; curved bistouries, probe and sharp-pointed; scalpels; tenaculum and retractors; self-retaining rubber catheters for bladder drainage; straight and curved aspirators; artery forceps; long silver probes; tumor forceps; long, straight, sharp and blunt scissors; two sizes of grooved staffs; gorgets and grooved catheter useful when making the primary incision in the deep urethra; steel sounds; lithoclasts; steel searchers provided with tube and ear plug useful in searching for stone; Otis evacuator complete; one or more lithotrites; hypodermic syringe with long needles for the painless removal of the prostate under local anesthetic; spoon shaped scoops for the removal of neoplasms; needles, cat gut, silk for traction loops, and rubber tubing for drainage mediums.

For dressing material a liberal supply of sterilized gauze sponges, pads and bandages should be at hand, besides lubricants, dusting powder and zinc oxide plaster.

In passing a hard rubber catheter to relieve retention of urine, care must be exercised not to permit the end of the stylet to escape through the eye of the catheter, otherwise serious injury to some portion of the urinary tract will surely take place, whether a hard rubber or a silver catheter is used more or less hitch in the passing of the instrument is experienced when the triangular ligament just beneath the pubes is reached; to facilitate its passage two methods of procedure are advised: depress the outer end of the catheter and elevate the point of the instrument with the finger pressing hard against the perineum, or by introducing the finger in the rectum; and attaching the catheter to a fountain syringe containing quite warm borax water; as soon as the entering end of the catheter reaches the deep portion of the urethra permit the borax solution to run through the catheter, the lubricating fluid dilates the urethra in front of the catheter, greatly facilitating its introduction through constricted parts of the urinary canal. Once the catheter enters the bladder the flow of urine determines its entrance into the viscus, unless the eye of the instrument becomes obstructed with a clot of blood, which not infrequently takes place when the passage of the instrument abrades the mucous membrane

or opens a soft stricture of the urethra; withdrawing the catheter will disclose this condition, if it exists, and after removing it, the instrument should again be carefully introduced. When retention is due to organized strictures of the urethra the stenosis will have to be relieved by divulsion or excision before the bladder can be catheterized. In emergency cases the bladder will have to be tapped with a trocar or aspirator which is thrust into the urinary viscus immediately above the pubes or through the rectum; if the latter course is chosen a curved instrument is used instead of a straight one; these punctures can be painlessly executed under novocain or cocain local anesthesia.

Under proper antiseptic precautions the bladder is opened above the pubic bone to remove calculi, tumors, the prostate gland and foreign bodies; the operation can be executed under local anesthesia in cases where a general anesthetic is inadvisable. The successive steps in the operative work is briefly given. The parts involved in the operation are properly prepared and the bladder distended with normal saline or a one per cent boric acid solution; the bladder is now exposed through a two and a half-inch incision made in the median line beginning at the symphysis pubis. The margins of the wound are carefully separated with small retractors when the bladder wall is secured with thumb forceps between which a half-inch incision is made, if for the purpose of inserting a section of rubber tubing for drainage, the incision being extended when required for the removal of tumors and foreign bodies, or the prostate gland.

Before opening the urinary viscus bleeding vessels should be picked up and clamped or ligated if of any size. If tumors are the offending medium they will appear as villi, a cancerous mass varying in extent, or polypoid in form. The latter is very commonly met with, and often attains the size of an egg, and if of long standing is very prone to become necrotic giving off an extremely offensive odor with the urine; cystitis varying in severity always attend these morbid conditions, the result of imparting to the urine a viscous irritating poison. Polypoid growths are removed with a wire snare, galvanocautery loop or gouged away with cutting forceps, care being exercised not to do unnecessary injury to the bladder wall. In cases where the neoplasm is extensive, especially if it is located near the dependent portion of the bladder, a counter incision should be made in the

viscus through the perineum that efficient drainage may be obtained through a perforated rubber tube of suitable size, besides the bladder can be flushed occasionally with bland antiseptic fluids through this form of drainage medium.

Unless a malignant growth is of small size and located in a part of the viscus making its removal reasonably safe, no attempt should be made to excise it, if it involves the lower segment of the bladder obstructing the urinary outlet relief will have to be provided for by supra-pubic drainage during the life of the patient. Unless a calculus is of large size it can be removed through the perineal route to the bladder; the operation is executed by passing a grooved staff into the bladder followed by inserting a straight bistoury through the perineal tissues, keeping in the median line starting it about one inch in front of the anus, directing the point into the groove in the staff holding the knife with its back toward the rectum, thus incising the membranous portion of the urethra well up toward the prostate, now withdraw the grooved staff and substitute a grooved bulbous gorget which can be followed by the bistoury or finger into the viscus. Following the opening into the bladder the stone can be grasped with with forceps and quite readily removed. It is necessary to avoid injury to the blub and rectum in executing this operation. If the cutting is done in the median line not much blood is lost; the deeper structures, that are quite vascular, are separated with the finger.

Following the operation urine will be voided through the perineal wound for a time, eventually the wound will heal and the urine will pass in the natural way.

Rupture of the vesical wall constitutes a serious pelvic disturbance often difficult to relieve; if the rent occurs on the posterior surface it is recognized as intraperitoneal and the urine escapes into the peritoneal cavity resulting often in active peritonitis. If the rupture is in the anterior wall the urine usually infiltrates the lower abdominal tissues and perineum, causing cellulitis and diffuse suppuration. Local soreness and pain and the passing of bloody urine are diagnostic evidence of rupture of the viscus.

If an intraperitoneal rupture is suspected, the bladder should be opened as before described, the incision in the abdominal wall extending upward from the pubes six to eight inches, holding the intestines aside with sterile pads the viscus is sought for; when found, it should be closed with

chromicized or plain cat-gut, using the Lembert form of suture; next remove urine and blood clots if any are present in the abdominal cavity, by sponging and irrigating with normal salt solution. The abdominal wound is next cleared of operation soilings and dressed in the usual manner. The bladder is kept free of urine by frequent catheterism for ten days to two weeks while the patient is kept at rest in bed and allowed only a mild diet.

To successfully treat an extraperitoneal rupture, where extensive extravasation of urine in the overlying tissues has taken place often taxes the ability of the surgeon to the utmost. It is not possible to estimate the extent of the traumatism till after the performance of laparotomy. The rent in the bladder is approached through a reasonably sized incision immediately above the pubes, the presenting wall of the urinary organ seized with wide-beaked dressing forceps and gently pulled upward, bringing the rent into view, when it is closed with fine chromicized cat-gut, using the Halstead form of suture. In closing the external wound provision should be made for drainage, using a strand of plain sterile gauze as the medium. Owing to the friable state of the bladder wall in marked cases of extensive extravasation of urine, the successful closing of the rent is not always obtained, as sloughing is apt to take place in a few days as a result of the ensuing infections. Suitable drainage must be provided for in all cases where the infection is pronounced, and the bladder kept free of urine by frequent use of the catheter for ten days or longer. This form of injury to the bladder walls is considered a serious one, the death rate averaging about twenty percent. Paralysis of the bladder is due to disease or injury to the brain or spinal cord and is partial or complete, according to the extent of the exciting cause; the morbid state, like atony, is often attended with dilatation of the ureters, cystitis, pyelitis and in marked cases of long standing, disorganization of the kidneys. Atony of the viscus is generally due to overdistention resulting from urethral stricture or enlarged prostate.

The treatment of paralysis of the bladder consists of emptying the organ frequently with the catheter, and that of atony by removing the cause if possible and toning up the bladder structure with galvanism and strychnia; the latter given in small doses hypodermically in the inguinal region.

To execute a suprapubic prostatectomy the bladder is opened as previously described, after the patient has been

properly prepared for the ordeal. While the margins of the bladder wound are separated and fixed with tenaculum forceps the dependent portion of the bladder is explored with the index finger to determine the size and position of the prostatic growth and the possibility of its removal. This procedure is aided materially by inserting two fingers in the rectum to elevate and fix the gland during the manipulating process. If the presenting portion of the gland seems favorable for removal the mucous membrane over the most prominent portion is severed with the finger-nail, exposing the fibrous covering of the morbid growth, this tough membrane should be nicked with scissors and further separated with the finger-nail if possible, otherwise with blunt-pointed scissors or dissector to the extent that the gland may be shucked out of its bed, care being taken during the progress of the work not to tear the structure of the urethra. Following the removal of the gland the vesical cavity should be cleared of clots and other operation debris and the bladder wound closed in the usual manner, previously making provision for proper drainage by inserting a rubber tube provided with several eyelets in the entering end, through a perineal incision into the viscus; through this drainage tube the bladder should be flushed once or twice a day with quite warm normal saline solution for four or five days, when, if conditions are favorable the tube can be removed.

The abdominal incision should be closed with several silk-worm gut sutures and dressed with pads of antiseptic gauze held in place by strips of adhesive plaster. The patient should keep the recumbent position for a day or two, after which, he should be placed in a semi-sitting position. With no complications the patient will be able to void urine naturally in a few days following the removal of the tube.

Success will not crown our operative work in all cases, because of the fact the individual applying for relief is anemic, nervous and otherwise broken in health, from a period of long suffering, and such cases are not of the best to withstand serious surgical operations; while cases of this kind are frequently met with, yet hope for relief induces them to take the chances that an operation offers.

Gunshot and punctured wounds of the urinary viscus are cared for about the same as ruptures of that organ are treated; complications very often attend these injuries, such as wounds of the intestines and fracture of the pubic bones, spiculas of the osseous structure not infrequently being

driven through the anterior wall of the bladder; caring for the complications requires as much, if not more skill than does the bladder injury.

Not infrequently the bladder is wounded, torn, in the removal of the uterus; the operator carelessly forcing his finger through the wall of the viscus while separating it from the uterine organ. The rent should be closed by the continuous suture of fine chromicised cat-gut and the bladder kept empty by the use of a retained catheter for a week or ten days, during which time the bladder should be irrigated once or twice every twenty-four hours with a five percent solution of boric acid.

To close a vesico-vaginal fistula requires the patient to be placed in the lithotomy position with the thighs well flexed upon the abdomen and held securely by assistants. The posterior vaginal wall should be well retracted with a Sims speculum and the area in which the fistula is located brought well into view by the use of a catheter introduced into the bladder and so manipulated as to push the affected part well into the vaginal outlet. The fistulous area is dissected out the mucous membrane of the vaginal wall being removed to the extent of fully a quarter of an inch from the edge of the fistulous opening, using a sharp knife to execute the work; the entire fistulous track extending to the mucous membrane of the bladder must be removed, following which the edges of the wound are brought together and secured with chromicised or silk-worm gut sutures. The size of the fistula will determine the shape of the vaginal mucous membrane section to be removed; if the fistulous opening is large a double V shaped section is advised; this will permit of the margins of the wound to be brought together without puckering the tissue, and again the denudation should be so shaped that in closing the wound the upper and lower margins are brought together, which eventuates in a union across the vaginal axis and shortens the vagina to a greater or less extent. Following this part of the operative work the vagina should be loosely packed with iodoform or other antiseptic gauze. The urine should be drawn off every two or three hours, day and night, for the first three or four days; following this period of time the patient is allowed to void her urine, except in aggravated cases, when she should be catheterized for a longer period.

The vaginal packing should be removed every three or four days and replaced with a fresh tampon to keep the canal free

from moisture and lessen the chances for infection. If no complications arise following the operation the silk-worm gut sutures may be removed in about ten days.

There is one precaution necessary to bear in mind in executing this operation to make it a success, and that is placing the sutures deep enough thus guarding against their cutting or sloughing out before the wound has healed.

Operations to remedy (not cure) extrophy of the bladder are numerous, but not satisfactory so far as satisfying the patient and friends are concerned, as a perfect result in such a morbid state is an impossibility.

There is no sphincter to restrain the voiding of urine and fistulae are prone to exist. The wearing of some kind of urinal is a necessity.

The object to be attained by operative measures is to cover over the exposed mucous membrane as much as possible and as the chasm to be abridged will vary in form the making of the flaps will have to vary in shape to meet the requirements in individual cases. The first step in the operative work is to estimate the size of the flaps required, and these should be outlined by pencil markings before making the incisions, bearing in mind the shrinking of dissected tissue; provision to meet this condition should be observed in making the integumentary coverings.

As Wood's methods of operation can be employed in both sexes it is usually adapted. It consists in forming three flaps—a central embracing the umbilical region, and two lateral pyriform flaps made from each groin. The measurement of the central flap should extend upward from a line at either side of the bladder from a point opposite the root of the penis to the upper margin of the bladder, and joining each other across the median line of the abdomen in a curved manner.

The two lateral flaps are made, having rounded external borders, with their attachments downward and inward, corresponding to the base of the scrotum and large enough, when properly detached and turned inward, to meet in the median line their entire length. Their upper limits to correspond internally to the centers of the vertical incisions; the incision completing the inner border of each end of the vertical incision already made along the side of the urethral groove for half its length.

After proper separation of the flaps the central or umbilical flap is turned downward and stitched at either side to the cut

edges of the root of the penis. The lateral flaps are carried inward over the umbilical flap, thus opposing the raw surfaces of the respective flaps to each other. The flaps and the borders of the gaps resulting from their displacements are then united leaving the unclosed spaces to heal by granulation. The root of the penis should be closely embraced by the lateral flaps to prevent subsequent weakness and protrusion at this point. The integrity of the external pubic vessels will add much to the vitality of the lateral flaps.

In executing the operative work antiseptic precautions should be properly observed, and in dissecting up the cover flaps care should be taken not to cut them too thin, otherwise they will be deprived of nutrient vessels and are likely to slough. Regarding certain symptomatic indications of urinary troubles let me offer the following observations which are worthy of consideration in determining the etiology of the morbid states:

Owing to the fact that a sacculated condition of the bladder often exists it is not possible at all times to empty the viscus with a catheter, and it should be borne in mind that a calculus often exists behind an enlarged prostate, as the conditions are favorable for the formation of the stone-like concretion. An individual suffering from a vesical calculus usually complains of frequent and painful micturation, a condition made worse during the day than at night, owing, in most cases, to the bladder impression on the stone. Cases of enlarged prostate are usually more comfortable **during the day** where stone **does not exist**, whereas calculus patients are most comfortable when lying down, and sorely nagged when walking or riding, urination being both frequent and painful.

Dribbling of urine in men does not always signify incontinence, the condition is apt to be due to retention the result of stricture or prostatic enlargement. In either case the bladder is distended with urine preventing, in great measure, normal contraction of its muscular walls sufficient to empty itself, and in time the sphincter muscle becomes weakened by constant pressure permitting a little urine to escape on the least exertion.

If the passing of a medium sized catheter, in a man, causes violent pain in the voidance of urine, not only through the catheter but along its sides, an impacted calculus in the deep portion of the urethra may be reasonably suspected.

It is possible for a stone in the bladder to cause retention and incontinence, either condition being dependent on the

size and location of the stony concretion. If it is located at the meatus internus and firmly embraced by the sphincter which is usually held in spasm through the existing irritation caused by the stone, no urine can escape, retention follows; should the stone be implanted a little further forward it is prone to act as a plug to the urinary tract, but not to the extent of preventing the dribbling of urine along the rough exterior of the calculus and its passing is aided by the stone being so situated that the sphincter can not firmly contract. Retention of urine in children is usually due to the presence of stone, except there be present, a contracted meatus or a tight foreskin.

A committee of Berkeley citizens has presented a proposed act, relating to prescriptions, recipes and formulas of medical men, to Assemblyman George Gelder, to be presented to the Assembly at Sacramento. The proposed law states that all prescriptions given for any cause by physicians must be issued in triplicate, and in the English language, each prescription to bear the name of the person to which it is issued, the date, and a statement of the disease, ailment or deformity for which it is issued. The law would further demand that one copy of the prescription be kept by the physician, open at all times to public inspection, and that one be the property of the person to whom it is issued, the other to be taken to the proper place to be filled. A fine of \$300 or imprisonment for not more than three months has been set as punishment for any violations of the proposed law.

The book lovers in the medical profession will be delighted with the intelligence that the Lloyd Library will soon have an extensive addition to house the thousands of new books which could find no room in the present structure. The building on the southwest corner of Court and Plum Streets, Cincinnati, said to be Cincinnati's pioneer tenement house, will be razed, and in its place will be erected a handsome and commodious structure. The Lloyd Library is constantly being enlarged, principally by purchase, and contains rare books on scientific subjects, especially in the realm of pharmacy and botany. While many medical men and women are daily visiting the library and delight in browsing about the shelves, it is to be feared that the institution is really better known and appreciated in other parts of the country than in Cincinnati. The writer of this hopes the medical public will not be remiss in taking advantage of the increased facilities which will be at its disposal upon the completion of the new building.—N. E. M. A. Quarterly.

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BUSINESS SENSE.

That professional people are poor financiers is now known to all men. Moreover nearly all men take advantage of this fact to their own financial profit. Medical men belong in this class and comprise a large proportion of the names found in the directory of that class of individuals who live by their wits. Medical men are human and want to get rich quick. No quicker than any other class, but they yearn to escape the drudgery of making a living in the profession. Recently a colleague said to me, "You know I am past fifty, and if ever I am to take life easy I must make money now." He bought an interest in a mine which he had inspected himself and knew to be all right—but why continue the painful story. In his state of mind any speculation became an investment and he was bound to lose his money. And the worst of it was that it was money which he had earned at hard work and long hours. After it was all over he was a wreck in body, mind and purse.

Apparently prosperity has returned, and it will be assumed

that medical men will possess a few dollars in the bank. If he be of the right sort he will enjoy the rivalry of those who are seeking his financial favor in their investment schemes and—take a mortgage on his neighbor's real estate. If he be of the other sort he will have "castles in Spain" and enjoy that quite as well—while it lasts.

"AND THERE IS NO HEALTH IN US"

"How do you do?" Was it Adam who, the task of naming the animals and plants of the garden being completed, first made use of the expression for want of other weightier matters of conversation with his partner? Or was it Eve who coined the phrase through solicitation for her mate during his convalescence from the recent operation of removal of a rib by which she had so profited? Yet another guess—more "scientific" perhaps—is that the expression originated after the fatal disaster known (in pre-Darminian days) as "the fall," a catastrophe brought on through that first error in dietetics. Only with the experience of the consequences of the ingestion of that forbidden fruit could either Eve or Adam feel the true meaning of such a sympathy-demanding and sympathy-begetting phrase as *How do you do?* While we today speak the words often and with unmeaning glibness, those first utterances were fraught with a real anguish of spirit of which we cannot dream.

Yes, it was the cruel needle prick of that first dressmaking establishment, and the angry blisters that resulted as Adam drove his spade into the astonished soil of his first potato patch, that created and lent poignancy to the salutation. Oh, Eden! What insipidity of existence was that among thy stately groves and multitudinous menageries—knowing neither sickness nor health, nor pain nor joy, nor fear nor hope, nor the meaning of the words, "*How do you do!*"

Each of us is born to an inheritance of blistered hands or needle-worn fingers, or—inevitable fate—we are afflicted with sundry aches and pains because we have not toiled and sweated, and to each of us comes instinctively the words, "*How do you do,*" which, being fully interpreted and modernized, usually means, "*I am feeling badly; do you not sympathize with me?*"

Besides work and lack of work, there were fashionable clothes to beget bunions and create corns, and to cramp the lights and the liver, and withal the cold and the wet and the great beasts and smaller (even microscopic creatures), which

have set upon us and kept us crying out for sympathy in our real or imagined afflictions.

Every demand creates a supply or attempt at a supply, and so in response to our cry for better "doing" there have always been those who knew just what our needs must be, and the road through the ages has been one long midway of health booths in which the man who cried from his soul, "How do you do?" could find solace and lightenment for his mind and his purse, if not release from his manifold aches and pains. From the medicine man to the twentieth century faith faddist, all have set their pavilions by the way, and have waylaid the passer. In our present day, when, because work is lighter, we have more time to devote to our aches and pains, the midway has become crowded with seekers after health, while the barkers have waxed numerous and fat in the land. "You must eat less!" cries one, while his neighbor bawls "My show is the only show—let us eat more and be happy!" With equal power the lifter of heavy weights vies with the waver of empty arms to attract the passer to their shows, while the anxious seeker after health enters now this booth, now that, only to find that each show is not up to the advertisements, and that he must seek further for liberation from his troubles.

Man is a creature of a day, and that day well filled with discontent. Dissatisfied in Eden, he is more disgruntled out of Eden, but how far happier this later discontent, with all its spice of bodily affliction and more things to sample for bodily needs, than a few apples on a bough. Even our solicitations as to the weather become commonplace; in fact, only exist because the weather has to do with our feelings of better or worse, and so supplements that meaningful phrase, "How do you do!"—The Dietetic and Hygienic Gazette.

THE FAMILY PHYSICIAN FROM THE LAYMAN'S VIEW POINT

By Judge H. W. Canfield

Judge of the Superior Court of Whitman County

It is with great timidity that I venture to address you tonight upon a question touching your professional responsibility and duty. I am not a stranger to responsibility, nor entirely insensible to the call of duty, and I venture upon my subject with the hope that there may be some degree of profit for you in my point of view and counsel; if no other, at least the profit

of a frank avowal of my views and a clear knowledge by you of the mental attitude of at least one layman.

Nor is my attitude an unfriendly or unsympathetic one. I have carried the burden of a fear that my mistake has resulted in disaster to my client, and can at least approach appreciation of the physician's feeling concerning a mistaken diagnosis. Nor is the solace of the reflection that I used my best skill and judgment in a crisis and was diligent to the best of my ability, and that unfortunate results fall within the category of being "just too bad," altogether unknown to me.

There is no prouder place among men than that occupied by the family physician, and no more grave responsibility. In these modern days few men have the power of life and death, and those few are the despotic rulers and the family physician. The authority of the despot is founded on fear and power; that of the physician upon confidence and esteem. I like to think that it is being the recipient and repository of trust and confidence which carries with it all the sweetest rewards of our lives, as well as imposes upon us our most anxious thought, and the family physician, trusted as he is with the lives and health of those more dear than life itself, occupies a position of trust to which there is no superior, is entitled to feel the keenest rewards for his care and judgment or suffer the most poignant remorse for his inefficiency or neglect. Specialists may reap greater rewards in fees for a given amount of exertion than does he, but no wealth can be a recompense for the sense of faith and confidence enjoyed by the general practitioner.

You all know the story of the specialist who was "hell on fits" and who induced in his patient an attack of convulsions in order that he should be on familiar grounds. I think there is a kernel of truth in the story, and that the specialist, by narrowing his field of intense application by the very process of specializing, becomes an unsafe counsellor, and therefore a dangerous family physician. If I do not mistake, each of you can name a surgeon so absorbed in his specialty that he can find necessity for its exercise where none exists, who never looks upon a patient without searching for an excuse to attempt to improve upon nature.

If this exists, and I am persuaded that it does, it does not attack the good faith or the skill of the surgeon, but does establish the fact that the world needs and your profession demands that there always be an intermediary between the trustful patient and the specialist.

The serious responsibility of advising a surgical operation

should never, in my judgment, be assumed by any man who would perform or in any manner profit by the operation, and that whenever you are consulted as to the necessity or propriety of an operation, you should be debarred from performing or profiting by it by the ethics of your employment.

Every operation which results in the death of the patient from the operation is a homicide, both as a matter of law and as a matter of morals. It is no excuse either in law or in morals to say the patient would not have long survived. That could be said with truth of every patient and of every human. None of us can long survive, yet not only the law but good morals fixes the responsibility for homicide upon the proximate cause of the death, and I am persuaded that the surgeon and his innate desire to cut is the proximate cause of many a death.

Gentlemen of your profession cannot afford to carry the fear that any influence, especially one of the existence of which you are not yourselves aware, should have any effect in causing you to give advice fraught with such peril. More than this, gentlemen of your profession cannot afford to permit a belief to gain currency that any unworthy motive enters into the matter as one of the elements which induces your counsel. I realize that there are no more painstaking and conscientious body of men than the physicians, but I say to you that the suspicion is broadcast that the fees received for surgery, and the ambition for surgical excellence, influences the minds of practitioners in recommending the use of the knife. You cannot afford, gentlemen, to allow any opportunity for such suspicion.

I therefore urge that you make it one of the articles of your religion never to perform or assist in the performance of or profit by an operation about the advisability of which you have been consulted.

I intimate nothing—certainly in this company I can frankly say all that is in my heart—but for greater clearness I distinctly disavow any insinuation that any member of your profession ever was consciously influenced by his desire to operate, into causing the patient to undergo the knife, but I do believe cases can be found where the trusted family physician has unconsciously been so influenced, and I would like to see your profession remove any such a temptation.

Our Supreme Court has said that the fair trial to which every man is entitled consists of two parts. First, an actually fair examination of the issues involved; and, second, a trial which has such an appearance of being fair that the parties and

the world may know it as such. And so I appeal to you on a parity of thought, to remove every appearance of partiality and interest from your attitude before you assume the grave responsibility of condemning a human to undergo the table and the knife.

I admit that the attitude of the layman is all wrong. The theory of the compensation of the physician is just as wrong as the theory of the compensation of the attorney. To illustrate what I suspect about the attitude of patients toward physicians, let me digress by telling you what I know about the attitude of clients toward lawyers.

The lawyers are well established to be a bad lot, and, among other things, they are convicted of stirring up litigation; yet the clients invariably put the personal interest of their attorneys into the scales against them. A poor settlement is uniformly better than a good lawsuit, yet no client will ever willingly pay his counsel for the best compromise even a moiety of the fee he would cheerfully pay for an unsuccessful trial, and in my profession the practitioner always knows that the best service he can render his client will result to his own personal disadvantage. I am confident that the same principle controls in your profession, and I am convinced that the charge of lack of fidelity against your profession is just as unfounded as it is against mine; but as the personal advantage of the attorney may, unconsciously to him, influence him against his duty, by a force the more dangerous that it is insidious, so may it sometimes influence the physician in the same unknown and unappreciated way, and I am convinced that, with the result so serious and grave as surgery is, holding as it does the issues of life and death, not only should you refrain from either performing or profiting by an operation which you advise, but I further believe that no man who aspires to acquire surgical excellence should occupy the position of unbounded influence and implicit trust which is reposed in the family physician.

If a man aspires to become a surgeon, with the aspiration should come a renunciation of his general practice. Let surgical skill be gained only by apprenticeship to a surgeon, and not at all by experimentation upon one who comes, unarmed and unwarned, in reliance on judgment unclouded by ambition and uninfluenced by any consideration except perfect faithfulness. I consider the general practitioner who is ambitious for surgical excellence as seriously dangerous to his patients—dangerous because he is immune from arrest or any sanction of the law or of society.

The general public has a right to be protected from such a one, and no man should be permitted to assassinate his trusting patient in order that he may ultimately reach a position of prominence and skill.

Every general practitioner has a direct interest in seeing that the public are protected in this matter. His reputation and standing are deeply involved. The doctors, like the lawyers, are judged by the most censurable of their profession, and all are concerned.

Be not deceived by the fact that you do not feel any improper bias, but remembering that the unfelt bias is the most dangerous, because no counteracting influence ever is or can be set in force against it, and remembering further that implicit confidence in our family physician is one of the fundamental requisites of the discharge of your great calling, take such course that the reputation of your profession shall remain like Caesar's wife.—Medical Sentinel.

NEWS ITEMS.

Dr. J. B. Baker has changed his address from San Francisco to Upper Lake, California.

Dr. Judson Litchfield has changed his address from Ukiah, California, to 4060 Pine Street, San Francisco.

A joint meeting of the Los Angeles County Homeopathic and Eclectic Societies was held on February 17th, at the Times Bldg., Los Angeles. There was a good attendance, and two very interesting papers were read on Gelsemium, which will probably be published in a later issue of the Journal.

At the meeting of the State Medical Board at Sacramento the following officers were chosen: President, Dr. A. M. Smith, Oakland; Vice-President, Dr. Percy Phillips, Santa Cruz; Secretary and Treasurer, Dr. C. B. Pinkham, San Francisco.

Dr. O. C. Welbourn, Los Angeles, was in Santa Barbara last month on professional business.

The State Board of Medical Examiners has decided that it will not ask the Legislature for any changes at this session in the medical practice act, under which the board exercises its jurisdiction and under which the general regulation of medical practice is maintained in California. The board went over the law, according to its chairman, Dr. A. M. Smith, and reached the decision that no new legislation was required at this time.

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✦ Original Contributions ✦

PELLAGRA

H. C. Smith, M. D., Glendale, Cal.

Read before the Los Angeles Eclectic Medical Society

Mrs. J. R., age 36, mother of two children, came under my observation December 10th, 1913. Was called at midnight and found her suffering from an intractable vomiting which had continued for nearly four weeks, and which, upon examination, proved to be due to an incarcerated pregnant uterus.

As she was becoming very much emaciated and exhausted, and the combined efforts of myself and consultant, Dr. T. C. Young, failing to relieve the incarceration, she was removed to Thorneycroft Hospital, Glendale; anesthetized, and further efforts to relieve the incarceration proving fruitless, she was then thoroughly curetted. She remained toxic in spite of various medicinal and physiologic efforts to relieve; left the hospital on December 24th, 1913; was attended pretty regularly until February 20th, 1914, and last seen April 18th, 1914. She complained, throughout, of pain in the right groin and leg; and the uterus remained adherent to the right side of the pelvic cavity.

April 15th, 1915, I again examined her, finding her anemic and pregnant at about the sixth month.

July 26th, 1915, I delivered her of a healthy male child. Both did well until the second month, when the baby suffered a severe and intractable eczema, the cause of which became evident when a bloody ropy matter began to discharge from the mother's breasts in the latter part of October, 1915. This should have been thoroughly examined, but,

unfortunately, was not. It did, however, help me to convince her that the child should be weaned; after which, when the proper artificial food was settled upon, the eczema rapidly disappeared and the baby became, and remains, a robust youngster.

January 11th, 1916, she again consulted me, stating that her menses were several days delayed. She was suffering from a severe cold and general muscular aching. She received a prescription containing gelsemium, macrotys, and euphrasia.

February 25th, 1916, she consulted me regarding a symmetrical eruption upon both arms, extending from the first phalangeal articulations to just below the elbows, and, apparently, was an acute dermatitis. She gave a history of having washed out of doors a few days before, and of using a new kind of laundry soap. She complained of the itching and burning and of being nervous, and showed a temperature of 99.4 F. I prescribed echafolta cream with a small amount of menthol added for night application, and K-Y jelly for use during the day.

March 10th, 1916, she again came to the office, reporting that the eruption had cleared up, only to reappear in a few days. She also informed me that she had aborted two or three weeks after her visit to me in January.

May 9th, 1916, I answered a hurry call from her husband and found her suffering from a religious mania (she being a devout Methodist), her illusion being that she, like Christ, had power to compel people to do her bidding. She interspersed her orders to all of us to do various trivial things, with accusations that I had murdered two of her children, and ordering me to admit it. These persisted for two or three days, when her mind cleared and she was both conscious of, and very penitent as to the way she had acted. She remained very weak and nervous; her appetite and digestion were bad; bowels sluggish, but becoming very much irritated whenever stimulated in any degree. Various attempts at correction by regulation of the diet were of no avail. The eruption had disappeared, excepting a bronzing of the skin over the involved areas. I was pretty well convinced that I was dealing with Pellagra, and told the husband so.

June 25th, 1916, I left on my vacation, leaving her in charge of Dr. Young. She suffered a nervous attack, with vomiting and acute indigestion, immediately upon discovering I had gone, and Dr. Young placed her in Thorneycroft

Hospital; gave her an exclusive diet of cream, and placed her in the sun. This cured her attack of indigestion, but she acquired an extensive solar dermatitis which cleared up as soon as she was taken indoors and generously smeared with oxide of zinc ointment.

When I returned, July 10th, she was extremely weak. Being reasonably certain that she had Pellagra, I changed her diet to one rich in proteins, and she began to gain at once, leaving the hospital in about ten days. She did fairly well until August 6th, 1916, when she developed an erotic mania. Her menses had been irregular, somewhat profuse and malodorous during her sickness, so I took her to the hospital again and curetted thoroughly, finding only a small amount of endometrial tissue, and that not badly diseased; but found the uterus very fibrous. This cleared her mental condition after a few days and she returned home, only to again develop an erotic mania in a few days, which gradually changed to a maniac depressive type of insanity. The first of September she was removed to the psychic ward of the County Hospital, and, upon examination, was committed to Patton Hospital for the Insane, where she died, September 28th, 1916.

The case was diagnosed by the physicians there as Pellagra.

LOBELINE SULPHATE IN HYPODERMIC MEDICATION

A. S. Tuchler, M. D., San Francisco, Cal.

Read before the California Eclectic Medical Society

The subject of hypodermic medication of the specific medicines has of late years engrossed the profession, so much so, that now a great number of that class of drugs have been so made that they can be used with results that have been most astonishing, as to unexpected results heretofore undreamed of. There is one drawback, however, in using some of these drugs in this way, and that is the large quantity employed and more so, when the oft repeated dosage is sometimes necessary.

Subculoyd Lobelia is one of these. When using this in from 30 to 60 minims as often as every two hours for two or three days, the patient will feel like having been rolled on the old-style torture rack. In Lobeline Sulphate hypodermic tablets in 1/200 gr. made by the Abbott Alkaloidal Company,

we have a concentrated tablet which, when dissolved in ten minims of water, will give the same result as the Subculoyd preparation in 60 minims dosage.

I have been convinced of this in a case of bronchitis complicated with asthma, in which it was necessary to use the Lobelia every two hours by hypodermic method for three days in order to give the patient relief from the distressed breathing. The Subculoyd was used, at first in 30 minim doses which had to be increased to 60 minims in order to obtain the necessary result. After a few injections the patient demurred on account of the pain. The Lobeline Sulphate tablet in 1/200 grain was substituted with less complaint and with perfect results.

Since my experience in this case I have been giving the preference to the Lobeline when it was found necessary to give oft repeated doses.

I wish to call attention to the use of Lobelia in asthma, either the Subculoyd or the Lobeline Sulphate tablet.

In the dry form of this affliction the Lobelia alone is not sufficient to relieve the asthmatic attacks, but when used with Adrenalin, the results are marvelous, as in the following:

Rx.	
Lobeline Sulphate,	gr. 1/200
Adrenalin Chloride,	gr. 1/200
Water,	m. 10

In place of the hypodermic tablet of Adrenalin the solution can be substituted in 3 minims doses, so also can the Subculoyd Lobelia be used in 60 minim doses in place of the Lobeline if desired.

For the relief of pain in combination with No. 2, H. M. C., the Lobeline will help to get a quicker result and with less of the narcotic.

In puerperal convulsions the Lobeline tablet in conjunction with the hypodermic tablet Veratrine or the Subculoyd Veratrum will act quicker than when the Veratrum alone is used.

From my observations and studies with Lobelia I find that the Lobeline Sulphate tablet can be thoroughly relied upon. The compactness and smallness of the tablet and the little water needed for its solution is also in its favor, especially when it is necessary to give it in oft-repeated doses.

"FATAL CARELESSNESS"**Herbert T. Webster, M. D., Oakland, Cal.**

The health office of San Francisco has made itself odious to many of the people within the past year or so through high-handed measures and oppressive restrictions of liberty in the matter of school attendance. Diphtheria is the bugaboo which principally warps its consciousness, and officious representatives have been in the habit of visiting private homes and taking swabs of children's throats for investigation and restriction of school privileges. In one case at least a boy was barred from school for many months and the house visited weekly by some one from the office for the purpose of obtaining swabs of the boy's throat; and always the report was returned that the boy was a diphtheria carrier, and could not go to school. The microbe bee seems to be constantly humming in the department's bonnet. This case came into the hands of the writer, and was treated for several months with no satisfaction to the health office. Finally, the health officer informed the mother that it would be necessary to remove the tonsils before he would consent to permitting the boy to go to school, and he was brought to Oakland and the operation performed.

Following the operation, visits were made by representatives of the health office and more swabs taken; and the boy was finally pronounced free from diphtheria germs, and permitted to return to school. In the meantime he had roamed the streets and associated with the children in the neighborhood as well as of the family freely, with no signs of contagion among the children around him. But the farce was not yet played out. After pronouncing the boy free from germs, attempt at further surveillance was made; but the mother finally became desperate, and in company with other mothers, who had been similarly exasperated, formed a mothers' protective club, which brought their grievances before the board of supervisors and "made it hot" for Mr. Health Officer.

But this did not quiet the busy bee in said official's bonnet. Diphtheria still racked his brain. In his fertile mind still loomed some fearful microbes to be chased, and he "still pursued the even tenor of his way." Armed with antitoxin and hypodermic, his representatives roamed the city, seeking whom they might inoculate. At last a nemesis has overtaken this too zealous official; he has made himself too conspicuous. A little boy playing on the street was taken into

his home and inoculated, and the deputy who injected the fatal dose immediately departed on his way. Within a few moments after his departure the boy was dead.

At the inquest which followed, the officer was freely accused of being a murderer by the relatives of the boy. "Cold-blooded murder," was flung at their heads during the autopsy by the boy's grandmother, Mrs. Mary Hanna. Thomas Pennington, the boy's father, was inconsolable. "You have done murder!" he shouted at Dr. Curtis. Surely a pleasant situation to be in. Nit!

A daily paper thus severely comments editorially under the foregoing caption:

"The sudden death of a little child in San Francisco disclosed the fact that it is the habit of the city and county health officers to go around with a tube of antitoxin and a syringe and attempt to inoculate diphtheria patients wherever they happen to be found. This child was called into the house from his street play to receive treatment and died thirty minutes after the injection was made. But in the meantime the health officer was on his way elsewhere, and no doctor was on hand to watch the course of the first symptoms.

"It is to be hoped that this unfortunate case will not have the effect of arousing any opposition to preventive measures against contagious disease or to any remedies that have been proven efficacious in reducing the mortality rate from such diseases. But one thing it cannot fail to do is to give the public an impression that health officers are often careless and dangerously self-confident in performing their duties.

"It has subsequently developed that the dead child did not have diphtheria at all, and the reasonable supposition is that he would have lived had the health officer overlooked him. If there is the slightest chance of fatalities from any publicly administered treatment the prospective patient should be taken to a public hospital, where proper attention and care may be given. At least it seems proper to avoid injecting a potentially fatal dose of antitoxin to a diphtheria suspect on the public street."—Oakland Tribune.

LEGAL STATUS OF A CHILD

Henry M. Owens, San Francisco

The question of premature birth may present itself under a civil aspect; that of survivorship. When a living child acquires civil rights, such as inheritance and the transmission

of property. In such a case it becomes a matter of vital importance to establish the fact that the child, when born was actually alive. The laws of the United States and of England do not require that the child should be capable of continuing to live, but only that it should be born alive. It matters not whether it be a mature or immature child, so long as it was alive at birth. We are now asked, what constitutes birth?

Bouvier defines it thus: The act of being wholly brought into the world. The conditions of live birth are not satisfied when a part only of the body is born. The whole body must be brought into the world and detached from that of the mother and after this event the child must be alive. (5 C. & P. 329.)

The circulating system must also be changed and the child must have an independent circulation (5 C. & P. 539; Taylor Medical Jurisprudence 591). But it is not necessary that there should have been a separation of the umbilical cord. That may still connect the child with its mother, and yet the killing of it will constitute murder; (7 C. & P. 814; 1 Beck Med. Jur. 478; 1 Chit. Med. Jur. 438).

There are no fixed rules established for determining whether or not a child was born alive for the reason that no two mothers are constituted alike physically; therefore the weak and poorly nourished mother would, under ordinary circumstances give birth to a weak child, but there are exceptions to this rule and a strong and vigorous woman would under fair conditions give birth to a strong child; however, there are also exceptions to this rule.

Therefore all of the facts ascertainable may be introduced in evidence which might tend to prove the child was born alive, i. e., did the child breathe, cry, the heart show signs of pulsation, or the arteries voluntarily move, or did it move any part of its body, all tend to prove life existed at the time.

Blackstone says in his treatise on Tenancy by the courtesy of England, Vol. 2, p. 124 et seq. (spoken of by the doctors in their works on medical jurisprudence as Tenancy by Courtesy and charging poor deceased Blackstone with defining the term as being "a tenant by the Courts of England" (Rees Medical Jurisprudence 263). But Blackstone defines it as being "Where a man marries a woman seized of an estate of inheritance, that is, of lands and tenements in fee simple or fee tail; and has by her, issue born alive, which was capable of inheriting her estate. In this case he (the

husband) shall, on the death of his wife, hold the lands for his life as tenant by the courtesy of England. (Littleton, Sec. 33, 52; 90 Am. Dec. 320; 2 Blackstone 144.)

This estate exists in many of the States and in the realm of England, although used somewhat before in Ireland, Scotland, Normandy, and Germany, and being once invested in the husband, by the birth of the child, was not suffered to determine by the subsequent death or coming of age of the infant. (As a result of Statutory enactments, courtesy has been abolished in most all Jurisdictions in the United States.) (See 8 Am. & Eng. Enc. of Law, 526 N. 9; 527 N. 1.)

"The issue must be born alive" (2 Blackstone 126), and it is from this early beginning that this question has been brought down to us. Some have had a notion that it must be heard to cry; but that is a mistake. Crying is indeed the strongest evidence of its being born alive, but is not the only evidence. (2 Blackstone 126; *Marsellis vs. Thalhimer*, 2 page 35; *Brook vs. Kellack*, 30 L. J. Ch. 498.) Coke says it may be born dumb.

If the Cæsarean operation is performed, the husband was not entitled to the tenancy by courtesy, but he inherited the estate and the estate being once vested, shall not afterwards be taken from him (2 Blackstone 126). But upon the death of the child, if born alive, the estate descended to its heirs; if born dead the estate of the wife descended to her heirs; hence the necessity of being called upon to prove the fact of whether born alive or not, in order to determine who shall inherit the estate.

Dr. Erbkani of Berlin reported a case in which the foetus was only six inches long and weighed but eight ounces; it survived half an hour; it moved its legs and arms, turned its head from side to side and opened its mouth. Muller pronounced this foetus to be not over four months old. Dr. Barrows of Hartford reported another case in which the exact time of conception was known. Miscarriage took place at 144 days. The ovum was entirely expelled. Before rupture of the membranes, the movements of the child were vigorous, after rupture it cried out very distinctly; the cord was tied on its ceasing to pulsate, after which it breathed with a gasp for forty minutes; it repeatedly opened its mouth and thrust out its tongue. It measured ten inches long and weighed fourteen ounces. (*Rees Med. Jurisprudence* 263.)

Therefore the reason for the rule that all of the facts must

be taken into consideration in determining the case. No fixed rule can be laid down.

Monsters, i. e., an animal which has a conformation contrary to the order of nature (2 *Dungl. Hum. Phy.* 422), "A monster which hath not the shape of mankind, but in any part bears the resemblance of the brute creation, hath no inheritable blood and can not be heir to any land, albeit it be brought forth in marriage, but although it hath deformity in any part of its body, yet if it hath human shape it may be heir. (Coke on Littleton, 7-8; 2 Blackstone 246; 1 Beck on Med. Jurisprudence 366.)

The physician should be extremely careful in such cases, for while it may be a monster, yet there may be room for doubt, and no living human birth, however much it may differ from human shape, can be lawfully destroyed. (*Fail Med. Jur.* 47; 1 *Fodere Leg. Med. Sec.* 402.)

There seems to have been no writer on this subject who had sufficient knowledge of a monster to give a proper definition, and yet it seems to be an easy task. A monster or a monstrosity are synonymous terms, and we only define it in regard to the human species. Anything which has a head and body resembling in no uncertain degree any of the lower animals, such as a human head with the body of a snake or a biped or quadruped or other animal or a human body with the head of a snake, biped or quadruped or fish or other animal; also completely shapeless malformations in which the monster presents the appearance of a lump or mass, with no indication of definite organs, or with no head or no trunk, or in which the head and some part of the body are wanting.

Thus a Teratoma (a tumor containing teeth, hair and other material not found in the parts where it grows, resulting from an embryonic misplacement of tissue from the inclosure of parts of a rudimentary fœtus) is a monster within the rule laid down by Blackstone and a monster of the antositic class, i. e., one capable of an independent existence after birth, or a parasitic monster, if unlike the shape of a human being would come within the meaning of the rule.

The table of "Human Monstrosities" as prepared by Geofroy Saint Hilaire as altered by Doctors Hirst and Piersol in their work on Human Monstrosities, published in 1892 by Lea Brothers & Co., can not be accepted as a whole as coming within the rule laid down by Blackstone; however students of medicine will receive a fund of information on pursuing this work. It not only points out that the human

species are strangely and wonderfully constructed, but it also proves the fact abundantly that there are many and wonderful exceptions to the accepted rule that all men are born equal in the eyes of the law, or the sight of God. In this work all deformities and malformations are classed as monsters and as Blackstone has said, "But although it hath deformity in any part of its body, yet if it hath human shape it may be heir," i. e., inherit from its ancestor and there can be no question that deformities are not included in the rule that monsters "hath not inheritable blood."

It is a common belief, that the mind of the female parent has an influence over the shape of her infant; but although some singular coincidences have occurred, there is no scientific proof that such is really the case. It has been found that out of 3000 births in Paris, there occurs about one monster. (4 Am. Universal Ency. 692.)

Paternity

This question may present itself under various forms; as if a woman remarries a month or so after the death of her first husband. A child is born in about eight months afterwards or when a suppositious child claims to be heir of an estate; and in the case of bastardy when the putative father is called on to support the child. In all such cases no presumption should be indulged in. The likeness, features, voice, gestures, attitude and habits may have a bearing as circumstantial evidence of being the offspring of a certain man, but it would not be safe to make the decision solely on such evidence.

LET NATURE HAVE HER WAY

J. H. Ashabranner, M. D., New Albany, Ind.

The above is a good rule to follow in many instances in which the doctor is concerned. Nature, like charity, is long suffering and is kind, but nature will not tolerate abuse and neglect without a strict accounting later. Nature will also respond kindly to intelligent assistance, and it is within the province of the physician, and especially of the obstetrician, to render such assistance.

In the so-called good old days it was customary for the family doctor to be called to the home of the expectant mother at the beginning of labor, and there he would camp for two or three days and pursue a course of "watchful waiting" until the mother and nature had accomplished the work

for which he afterward presented his bill. And this idea of watchful waiting and allowing nature to have her way still prevails in some quarters and among certain practitioners. However, there has recently developed with some physicians a disposition to go to the opposite extreme, which may be equally as reprehensible as inactivity and neglect. The indiscriminate use of pituitary extracts to produce uterine contractions and hasten labor should be carefully avoided, while if used at all must be with the greatest caution if serious consequences are to be avoided. In extolling the activity of pituitary extracts, a salesman once advised the writer to give the woman a dose and then make a dive for the perineum, as the baby would beat him to it. Such advice and such an agent are capable of doing great harm. Warning along this line is given by some of the manufacturers in advertising their products.

"Twilight Sleep" is another delusion that has been dispelled by the light of science along with other vaunted "remedies" and "discoveries" so widely heralded by the secular press. But the physician can do much to aid a woman in the trying time of labor. His very presence will allay fear and nervous apprehension and produce a mental attitude conducive to her welfare. During the second stage of labor the physician should never leave his patient. If the pains are weak and indifferent, a few grains of quinine will change all this. Should the os be thick and doughy, a few drops of specific lobelia in a little water will alter this condition, while if it is thin and unyielding, specific gelsemium will be the indicated remedy. Having overcome all conditions that would cause delay, digital dilatation during pains with relaxation and rest between pains, but with the hand in position ready to renew dilatation with each recurring pain will shorten the second stage many hours, and will win for you the everlasting gratitude of your patient and family, who, though they should forget to pay your bill, will recommend you to some one else who perhaps will.

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ARMY AND NAVY SURGEONS WANTED

As the months pass the neutrality position of the United States has become increasingly difficult to maintain. To the writer it seems clear that nothing less than a sudden termination of the war can prevent our being dragged into the maelstrom. This result being highly improbable, it stands us in hand to prepare, at least in a measure, to protect our flag and country. This means trained soldiers. And, however it may be brought about, the size of our army will be multiplied and navy increased. Of necessity the health department must keep pace and there will be opportunities for a large number of bright young men to serve their country in such capacity. The pay is good and the possibilities for self culture are many. Also the trials and uncertainties of private practice are unknown. This feature alone would appeal strongly to many, though others would not consider it at all. It all depends on how each individual looks upon life and its activities. Anyway now is the accepted time for the doctor who looks upon the soldier's life with favor.

CÆSAREAN SECTION

H. H. Helbing, M. D., St. Louis, Mo.

Owing to differences of opinion among surgeons as to the advisability of doing this operation, I thought it wise to give my ideas, founded upon personal experience as well as research among surgical journals.

As we all know, there are two routes from which we approach the uterine cavity. They are the abdominal and the vaginal. We may select the introperitoneal or extraperitoneal method if we adopt the abdominal route.

Many abnormal wrongs may indicate the urgency of Cæsarean section. Contracted pelvis, deformed pelvis, uterine myoma, eclampsia, toxemia or pregnancy and placenta previa are some of these wrongs. Some surgeons advise it when there is tedious labor, that is, of three or four days' duration. If the dystocia is due to malformation, then it is absolutely necessary, in order to bring about the best results to both mother and child. If there are inefficient contractions of the uterus, it is our duty to give pituitrin in small doses, that is, one-third of one c. c. every hour or oftener, and adopt all known means of medication in order to produce expulsion of the fetus. Failing in this, we have to choose Cæsarean section or high forceps as a means out of the dilemma.

I am speaking now of an L. O. A. position. It has been the custom to resort to forceps in all these cases, without reserve. I can hardly see the reason for this, and that is the lack of hospital facilities, which should be absolutely necessary for performing a Cæsarean section. Notwithstanding all this, I believe we are in duty bound to examine our cases carefully and learn to distinguish between a forceps case and one requiring Cæsarean section.

This was brought forcibly to my mind years ago when I attempted to deliver a woman with forceps, which resulted in a ruptured symphysis pubis, a deep laceration of the anterior vaginal wall, with fatal consequences to both mother and child. Both might have been saved if Cæsarean section had been performed. So I say we should weigh the consequences that may follow, and try to decide which is apt to give us the lesser mortality.

It is true that our first consideration should be the mother, but in the light of modern methods this surgical procedure gives us as low a maternal mortality as does a difficult for-

ceps delivery, with the added assurance of a much lower mortality for the children. When we take into consideration the lacerations and infections we are liable to have with chronic invalidism to follow a high forceps, then our conclusions are readily in favor of Cæsarean section. I will admit that it requires keen judgment to know a forceps case from one requiring Cæsarean section, especially if we have reason to believe there is no deformity present. Given a case in which the woman has been in labor for from twelve to twenty-four hours, indicated remedies have been given to promote expulsion of the fetus, and yet the head does not become fixed in the brim of the pelvis and there is but little if any dilatation of the cervix, and I believe we have a case demanding Cæsarean section, this in addition to the abnormalities stated above as indicating this operation.

Even if it requires removal to a hospital, consuming six to twelve hours more, it will beget a more favorable outcome than to perform craniotomy and use forceps, as is the vogue in most rural communities and inaccessible places. In an emergency it were better to call a surgeon to the country and do the work with the assistance of a trained nurse, than to sacrifice the child's life and jeopardize the life of the mother by craniotomy and forceps. We should absolutely decide our plan of procedure before we attempt delivery. Never attempt forceps delivery with the idea if it fail we may resort to Cæsarean section, because it complicates the situation very much, for the mortality is practically doubled if Cæsarean section is performed after an attempted forceps delivery. In fact, it practically necessitates a hysterectomy in order that we may save the life of the mother. There is one exception that may be taken cognizance of in deciding the method of procedure, and that is the death of the fetus in utero. In such a case craniotomy is admissible.

A striking illustration of how a patient may be moved to a hospital and operated on successfully is demonstrated by a case I had April 19, 1915. Mrs. P., age 23, living in Salem, Mo., had been in labor for five or six days when I was called. She gave a history of having menstruated the last time on August 10, and was therefore due about May 17. The doctors in attendance said that upon inserting the finger no cervix could be found. An examination revealed the correctness of their statement. The finger entered the bladder, there being a bifurcation of the vaginal canal. Owing to the fact that there was an abnormal vaginal canal and that the patient had been in labor for so long without progress,

we concluded that a Cæsarean section was the only way out of the difficulty. The fetus was viable; the patient had not become exhausted, owing to the fact that opiates had been used to ameliorate the pain.

In order to remove her to the city that same day, it was necessary to take her across the country, about twenty-eight miles in an auto to Rolla, Ill., 111 miles from St. Louis. Immediately on reaching the hospital at St. Louis the operation was performed. The intraperitoneal abdominal route was chosen, and after the child was delivered the vagina was explored from above downward. It was found that the vaginal canal met the urethral canal before reaching the vaginal orifice. It was thought impractical to at this time attempt to enlarge the vaginal canal, and, owing to repeated examinations having been made, with the possible danger of infection of the field, it was thought unwise to leave the uterus, so a hysterectomy was performed. The patient went home thirteen days after the operation, recovery being uneventful with the exception of an abscess in the abdominal wall developing after being home. The baby as well as the mother is living and healthy.

Judging from this, we have reason to believe a patient may be moved to suitable environments with impunity and with the expectation of a more favorable outcome than we would have were we to adopt a questionable procedure immediately at hand.

There is one wrong that might jeopardize the life of the patient were she moved, and that is placenta previa, whether it be centralis or maginalis. If we were in the country without facilities for doing a Cæsarean section, and no experienced surgeon within immediate reach, then it is necessary to forego the advantages to be gained by a Cæsarean section and adopt the best means at hand for terminating the case.

The same may be said of the toxemias of pregnancy that have reached the mania stage. In either of this form of cases it were well to place the patient in suitable environment during the period of gestation, so as to be ready for the emergency when it arises. I know that in placenta previa there is objection to Cæsarean section, the method heretofore always having been tampon and forcible delivery, and we can get by in this way; but the question arises whether Cæsarean section will not yield better results to the mother as well as the child.

In transverse, a shoulder or other mal-positions, the question will arise as to whether we will perform podalic version

or a Cæsarean. This will depend upon circumstances and surroundings. If in a hospital or in a city accessible to a hospital, where there is little or no dilatation of the os after several hours of labor, Cæsarean section is to be preferred.

In the face of facts indicating a mortality that is practically nil, this operation is not fraught with the dangers that it formerly was. Deaver of Chicago says that it is conceded by everyone that certain contractions of the pelvis, only, are indications for Cæsarean section or hysterotomy, but he advocates it in placenta previa, toxemias of pregnancy, some cases of pyelitis of pregnancy, in some cases of sub-mucous fibroids, in cases of unexplained bleeding in middle-aged females at or near the cancerous age, and in cases of prolapse of the cord with a living child and a rigid and nondilatable cervix.

He also suggests certain rules of technique to be followed: (1) Rigid asepsis; (2) careful delivery and walling off of the uterus from the general peritoneal cavity; (3) early operation before manipulation from below has sapped the patient's strength and introduced infection; (4) careful closing of the uterine wall if the uterus is left. Out of sixty-four cases of hysterotomy for various wrongs, some not due to pregnancy, not one patient died.

The selection of the route for operative procedure, to my mind, depends upon the experience of the operator and condition of the patient. The extraperitoneal abdominal route, to my mind, is the one of choice. Should we attempt to enter the uterus suprapubically, and owing to inability to push the bladder down and the peritoneal reflection up off the uterus sufficiently to enter the uterus by a small incision, then it will be necessary to open the peritoneal cavity, of course, in order that we may extend our incision upward and thus make the uterine opening large enough to extract the child.

It is always wise before beginning the operation to administer 1 c.c. pituitrin hypodermically in order to have strong uterine contractions while the operation is proceeding. This obviates hemorrhage and gives us a firm uterine wall in which to place our stitches.

The vaginal method, which consists in splitting the anterior lip of the cervix, in the meantime pushing up the bladder from out of the way, and performing manual delivery, is one to be adopted where the environment is not suitable for abdominal method, where you have reason to believe the field is infected, or the patient is unable to stand more shock, such as would ensue were we to perform abdominal Cæsarean section.

Conclusions

1. There should be resort to Cæsarean section in all cases of contracted or deformed pelvis.
2. The operation is best performed about the time of a full term pregnancy.
3. Cæsarean section should be the operation of choice in all complicated cases enumerated above, but the surrounding conditions should figure in the choosing.
4. A viable child figures largely, in our concluding to resort to a Cæsarean section.
5. The extraperitoneal abdominal method is the preferred technique.
6. The uterine wound, after being securely stitched, should be covered with omentum or bladder to prevent possible leakage or adhesions.
7. In cases where there has been infection from below, and we have opened into the peritoneal cavity, a hysterectomy should be performed. In contracted pelvis, myoma or other wrongs that are likely to cause complications, if future pregnancies supervene, a hysterectomy should be done.
8. Under any other circumstances the uterus may be left with the expectation that there may be no complications if pregnancy again takes place.

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N. E. M. A. Quarterly.

PAINLESS CHILDBIRTH

By Edward P. Davis, M. D.,

Professor of Obstetrics in the Jefferson Medical College of Philadelphia.

So long as labor has been intelligently studied, efforts have been made to lessen the suffering which attends childbirth. One of the earliest substances used for this purpose was crude opium partially dissolved in wine or a compound of aromatics. Forty years ago when hydrate of chloral was in

common use, experienced obstetricians were accustomed to soak tampons of cotton in a saturated solution of chloral hydrate in glycerin and place them against the cervix of the primipara when dilatation was slow and painful to lessen suffering and further dilatation. Hydrate of chloral was given internally until the patient became under its full physiological effect to lessen suffering. When cocaine was introduced solutions of cocaine were injected into the cervix and into the skin of the perineum and the surrounding tissues.

The method of nerve blocking so extensively employed in surgery is proposed for perineal anesthesia in labor. Novocaine and adrenalin chloride are injected bilaterally into the perineum. King ("Surgery, Gynecology and Obstetrics," November, 1916) states that in one hundred cases his results have been good.

The discovery of ether and chloroform led to their immediate adoption by obstetricians. When chloroform was first known it is alleged that a European queen awaiting confinement summoned Sir James Simpson and instructed him to use this agent to lessen her pain. It had been objected by the clergy that it was written in Scripture that women should bear children in pain and travail, and therefore that efforts to lessen the pain of parturition were contrary to Scripture. To this the Queen replied that the ecclesiastic who promulgated this doctrine had never borne a child, that she had passed through that experience previously, and that she proposed to have chloroform, and she did.

In recent times the attention of the profession has been largely directed to the question of antisepsis and asepsis in the conduct of labor, and naturally the public mind has been drawn more in that direction. All obstetricians have habitually employed ether or chloroform and frequently opium to spare the patient unnecessary suffering and fatigue.

A distinction should be made between labor pains and the suffering incident to parturition. The phrase labor pains refers to uterine contractions, and it is interesting to observe in a spontaneous and almost natural birth that severe uterine contractions affect the pulse and heart scarcely at all. The sympathetic nervous system does not seem to be extensively involved in this process. An explanation of the fact may be found in the anatomical conditions of the nerve supply of the uterus. Through its ganglia and nerve fibers it is capable of contractions independent of stimulus received from the brain or spinal cord; hence its action, although severe in actual force, exerted often, has surprisingly little effect upon the

patient's general condition. The suffering of parturition depends upon the sensitiveness of the brain and cord and not necessarily upon the uterine contractions. This is illustrated in the case of a highly sensitive, mentally and physically degenerate woman who cannot bear pain, and who may fail absolutely in labor, require delivery under an anesthetic by forceps, and readily pass into shock when the uterus is emptied. On the other hand, the sound and vigorous peasant woman or a negress who has worked in the field may give birth to children with very little disturbance of brain and cord.

The problem before the obstetrician at present in the conduct of labor is the question of protecting the brain and cord of the patient from the sensation of pain, and from the psychic and emotional element which depresses the woman when she feels that she is becoming exhausted. This may be done by endeavoring during pregnancy to bring about as nearly a physiological condition of the patient as possible, reinforcing her general energy and health; by ascertaining positively if any insurmountable obstacle to spontaneous birth is present; by interfering to terminate labor before exhaustion develops; by using a psychic influence during labor; by employing drugs and anesthetic vapors as indicated; and by prompt recourse to obstetric surgery when necessary. The problem is a large one and often difficult of solution.

We are concerned at present with those means of treatment which are not surgical, and we shall not consider further the question of the hygiene of pregnancy.

The psychic influences which should prepare the mind of the patient for spontaneous and successful labor are often overlooked. An atmosphere of hope, cheerfulness, and kindness should surround the expectant mother. Forebodings and unnatural fear often have a physical cause, and the occurrence of such should lead to a thorough physical examination of the patient. The relief of a toxemic condition is usually followed by a marked improvement in the mental state. The proverbial tendency of gossips to tell a pregnant woman stories of painful, difficult, and fatal labor should be guarded against and carefully checked. At a time like the present when the horrors of war are widespread throughout the earth, the woman expecting labor should avoid the details of battle and the sufferings which accompany war. Faith, whether religious or philosophical or in an individual, is a valuable psychic agent and should be invariably encouraged. If the patient asks questions concerning approaching labor,

they should be answered in such a way as not to depress nor rouse suspicion. She should be assured that she will receive at that time every assistance and every care to avoid suffering.

During the first stage of labor the attentions of a skilful nurse are often of great value in soothing and encouraging the patient. This is the period when drugs may be used successfully to calm the brain and, should labor begin in the evening, to secure sleep. As labor progresses into the stage of active expulsion, the suffering of the patient is often more readily borne than during the first stage. The complete pause between expulsive pains in normal cases gives the opportunity for absolute rest which the nagging pains of the first stage have made impossible. At the actual moment of expulsion pain caused by the pressure of the presenting part on the nerves of the pelvic floor may induce spasm and further extensive laceration, and here the element of pain should be eliminated as completely as possible. It is often interesting to observe that treatment addressed to suffering during labor often takes the brake from the uterus, and is followed by better and more efficient uterine contractions.

Within recent years the attention of the profession has been drawn to two methods for securing painless childbirth: the first, the so-called twilight sleep of Krönig and Gauss; the second, inhalation of nitrous oxide and oxygen.

Regarding the first little need at present be said. The subject has been thoroughly discussed by the profession. At present, the popular agitation concerning the method has entirely subsided, and the activities of the agents of foreign drug manufacturers intent on the sale of their preparations of scopolamine have ceased. The profession need scarcely be reminded that a concerted effort was made to secure American trade, in scopolamine by foreign manufacturers, and that the popular agitation concerning the method was largely promoted by these agencies. The climax of vulgarity was reached when a moving picture exhibit of parturition was attempted and promptly repressed.

At present it is recognized that this method to be successful must be carried out strictly in the manner described by those who have used it most successfully abroad. First, the psychic control of the patient must be absolute; isolation, the absence of friends and relatives, the presence of a skilled attendant, the authority of professors, must all be invoked. Reliable preparations of scopolamine only, with morphine, must be employed. The effort is made to annul memory in

the patient, not to prevent pain, and when this is considered and the large part played by psychic influence is observed, it will be seen that the method depends quite as much on psychic control as on the influence of drugs. The results of the method have been the prolongation of labor, a considerable percentage of asphyxia in the infants, and a considerable percentage of forceps applications. That the psychic condition of these patients has been profoundly influenced is evident, for in cases in which the memory of pain was not annulled, excitement, often of a violent nature, developed. Practical experience with the method has failed to make it an established and routine practice in the best obstetric clinics of the United States.

In the "British Medical Journal" of October 14, 1916, Haultain and Swift described their experiences with the use of morphine and hyoscine in the Royal Maternity Hospital of Edinburgh. They practically make no difference between hyoscine and scopolamine and consider that they have followed out the method described by Krönig and Gauss by employing hyoscine and morphine. They remark that the pharmacology of hyoscine and scopolamine, as it is sometimes called, is not very definite. In their paper they give no evidence of having read Krönig's description of his method, and their references to the literature of the subject are confined exclusively to English authors. In describing their treatment they would begin injections when the os admits two fingers and pains are regular with primiparæ; with multiparæ the method cannot be employed too early after pains have started. They would not repeat the morphine in the latter part of the second stage, fearing asphyxia of the child. If the hyoscine is not taking effect in the second stage during its latter part, it is well, they say, to give the mother a slight whiff of chloroform; thus the hyoscine is allowed to work and the patient passes into the condition of "twilight sleep." The baby should be immediately removed to another room, so that the mother cannot hear the cries of the child and remember that she has given birth to an infant. In their conclusions they state that it is of great value in a prolonged second stage due to a large head or slightly contracted pelvis, and that it has the advantage over chloroform that uterine contractions are not diminished. As proof of the value of the method they state that the great majority of their patients got out of bed on the third day after labor. This late contribution to what in America is a stale novelty does not increase our confidence in this treatment. The use of ether

during the second stage of spontaneous labor does not seem to have occurred to the writers, and the proposition to increase the action of hyoscine by administering chloroform does not appeal to us.

Very recently the attention of obstetricians has been drawn to the administration of nitrous oxide and oxygen to secure painless childbirth. The statement has been made that this may be safely done through practically an entire labor, that it may be entrusted to a nurse who has had no special training in anesthesia, that the method is absolutely devoid of danger, and that under this anesthetic obstetric operations can readily be performed. Unfortunately, these claims are not borne out by experience. Nitrous oxide and oxygen have been used by skilled anesthetizers for some time for minor procedures, and often in beginning surgical anesthesia followed by ether, but it is observed that some patients do not do well with this, and that irritation and excitement ensue, and sometimes disturbed breathing, so that other anesthetics must be employed. Furthermore, muscular relaxation will not readily be secured in parturient women by nitrous oxide and oxygen, and if it is desired to secure relaxation of the pelvic floor for the introduction of the forceps or to stop the contractions of the uterus for the performance of version, the obstetrician will do well not to trust to nitrous oxide and oxygen. No anesthetic is safe in untrained hands, and ether dropped on gauze or upon a clean handkerchief is far less dangerous than any anesthetic known at the present time. In the wards of the Maternity Department of the Jefferson Hospital nitrous oxide and oxygen have a fair trial, and it is recognized that in a considerable number of cases a spontaneous labor is rendered less distressing than when this agent is not employed. Some patients are excited and not soothed by it, while in no case is a prolonged or critical operation undertaken under this anesthetic. In private practice the writer has given it a fair trial, administered by a skilled anesthetist. In some cases in which it was desired to induce labor or to produce therapeutic abortion, or to perform some manipulation which might be painful but not prolonged, nitrous oxide and oxygen given skilfully have been useful, but private patients who have in former labors taken ether and in later confinements have been given nitrous oxide and oxygen have expressed their dissatisfaction with the latter method.

What does the reliable experience of the obstetric profes-

sion indicate in this matter at present? During the latter weeks of pregnancy and the first stage of labor psychic influence and good nursing will do much. In the tedious and nagging pains of the first stage the bromides may suffice, but a reliable and efficient remedy is opium, morphine, and atropine given once hypodermically, and if needed codeine given later. During the expulsive stage of labor small quantities of ether with oxygen or freely diluted with air; at the moment of expulsion, the patient to inhale the ether as quickly and freely as possible, and the anesthetic to be removed so soon as the child is born, may be used. For repair of lacerations after labor, ether again is safest. Very little is usually required. For prolonged and critical obstetric operations, oxygen should invariably be given with ether. The amount of irritation is less, asphyxia is less, and subsequent nausea and vomiting are less. Nitrous oxide and oxygen administered by a skilled person may be used cautiously, but they are not to be relied upon to secure muscular relaxation.

Strictly speaking, painless childbirth is very difficult or practically impossible except in cases of elective operation where the patient is delivered without labor. During labor the general principle true in surgery is especially true in obstetrics: "Safe anesthesia is only possible when the anesthetic, whatever it be, is given by a skilled anesthetist."—The Therapeutic Gazette.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., 1410 W. 16th St., Los Angeles, Secretary.

NEWS ITEMS

Dr. Harriet McGraw, who recently came from Kansas and passed the State Medical Board, has opened an office in the Baker-Detwiler Bldg., Los Angeles.

Dr. C. O. Hansen, Denver, who has made previous visits to the coast, has now moved permanently to Pasadena, but has not entered practice because of the serious illness of his father, Dr. Hansen, Sr.

The second examination to be given by the National Board of Medical Examiners will be held in Washington, D. C., June 13, 1917. The examination will last about one week.

Dr. F. A. Mack, who has been practicing in Boston, since his graduation two years ago, is paying a visit to California and may possibly decide to locate here.

The next meeting of the California State Board of Medical Examiners, will be April 10th, 1917, and will be held in Los Angeles.

Dr. B. N. Childs, who has been practicing in Santa Maria, Cal. for many years, at which place he owned and operated a sanitarium, has disposed of his holdings there and moved to Los Angeles.

Dr. E. L. Smythe, who graduated at the C. E. M. C. three years ago, is located in the Harrison Building, Bremerton, Washington. He is city health officer.

Dr. Orah Knapp Allen has moved from Los Angeles to the northern part of the state. At the present time she is visiting relatives in Berkeley, but expects to take an office in the Phelan Building, San Francisco.

Dr. Blanche Bolton, who has been located in San Pedro for many years, has closed her office, and will take a long vacation in an effort to regain her health, which has been injured through overwork.

Dr. O. C. Welbourn was called to Holtville last month to do several operations with Dr. D. A. Stevens, who has a hospital at that place. Dr. Welbourn reports the climate of Imperial Valley as being most delightful, and that every one appeared prosperous.

Eli Lilly & Co., of Indianapolis, has offered the chapter of the American Red Cross, \$25,000 in event of this country being drawn into war, to establish a base hospital of 500 beds, surgical and medical equipment, and tentage. The equipment of this base hospital will include every kind of supplies from surgical instruments to bandages and clothing for the patients. The staff will be made up of twenty-three medical officers, two dentists, a chaplain, fifty nurses, twenty-five nurses' aids, fifty men for administrative duties, and ten civilians for general assignments.

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Original Contributions

EROSION OF THE CERVIX UTERI.

Dr. O. C. Welbourn, Los Angeles.

Read before the Southern California Eclectic Medical Association.

Erosion of the cervix uteri, commonly but erroneously called ulceration, is one of the prevalent diseases of woman-kind. It is found in childhood and the aged as well as those who are subject to the traumata of sexual life. Because it does not directly threaten life this disease is apt to be neglected with the result that the patient develops one or more of the varied assortment of complications and perhaps becomes a semi-invalid.

The **etiology** in a virgin is comprised in any condition which lowers the general vitality and any condition which causes a pelvic congestion. For the sexually active woman there must be added to the above, specific and other infections as well as traumata due to instrumentation or childbirth. And for the aged we add still another factor, namely local alterations in structure due to senility.

The **pathology** in the nulliparous consists of a replacement of the normal squamous epithelium about the os uteri with the cylindrical epithelium normally confined to the cervical canal. In the multiparous there are lacerations also which permit the cervical canal to evert and augment the area of the disease.

The **symptoms** are, headache, back ache, heaviness in the pelvis—all of which may be found in any pelvic disease inflammatory in character.

The **physical signs** are more or less leucorrhea, probably

yellowish and possibly tinged with blood. The cervix feels velvety about the os with no induration or sharp edges. If the disease is well advanced distended Nabothian cysts may be felt, also there may be felt evidences of lacerations when such are present. Inspection reveals an increased redness of the mucous membrane about the os covering an area of the size of a dime or possibly a quarter. The limiting line of demarcation is regular and well defined. It appears a little elevated and oozes blood from slight causes. A thick, tenacious, colorless mucus projects from the cervical canal. Upon the cervix and not necessarily within the evidently diseased area sometimes are found bluish gray nodules the size and shape of a split pea. These are retention cysts of the glands of Naboth, the normal, but now occluded, orifices of which are within the cervical canal. In many cases evidence is present indicating such complications as an endometritis or metritis, a salpingitis, an ovaritis, or a local peritonitis.

The treatment is varied and usually unsuccessful, because of the lack of a clear understanding of what must be accomplished. In typical cases there is a primary infection within the cervical canal causing an inflammation protective in character. The infection may extend into the glands of Naboth and the swelling induced cause a temporary closure of some of these orifices, a condition which may become permanent resulting in a retention cyst. In the treatment of a primary infection we would think of applying gently to the os and canal a mild germicide, like argyrol. Also some form of glycerine on a tampon placed in the vaginal vault; or possibly hot vaginal antiseptic douches. Should such measures fail the disease becomes chronic and there is developed a hyperplasia of cylindrical epithelium which emerges from the os and replaces the squamous epithelium of the cervix to a greater or less extent. In this stage of the disease the treatment would be similar to that outlined above as it is probable that the micro-organism is still present. Later a more stimulating agent may be required, such as tincture of iodine or beach wood creosote. If a mild caustic with astringent action is desired we think of sulphate of copper in a 10% solution. A copper electrode introduced within the cervix and attached to the positive pole of a directed current of electricity will produce much the same result. Should a powerful agent be required nitric acid should be considered. It may be applied by means of a wooden applicator, care being exercised lest too much reaction be provoked. And it must be remembered that the use of any form of cautery

within the cervical canal may cause a stenosis. Should cysts of Naboth be present these may be punctured and the lining membrane destroyed by means of a sharp curet or some form of cautery. This is a simple little operation and the relief gained by the removal of intra-cervical pressure is great. The discouraging feature is that new ones form and the operation must be repeated every few weeks. Eventually one concludes that the number of original normal glands must have been infinite as the diseased ones are replaced even as are the broken and destroyed waves upon the seashore. To gain a radical cure quickly no method compares with the amputation of the cervix as originally recommended by Prof. A. J. Howe. In this operation the vaginal portion of the cervix is amputated just below the internal os, the cyst bearing area being removed in its entirety. No flaps are formed. The stump healing quickly and smoothly. Should the erosion be complicated by lacerations with consequent eversion of the cervical canal it is necessary first of all to do that form of repair operation best suited to the case in hand. However, should the disease be present in the cystic stage such an operation probably would occlude additional orifices and if anything aggravate the patient's distress. Under such circumstances the Howe amputation is a necessity if a permanent cure is to be attained. And it is a fact that most patients really want to be cured.

GELSEMIUM SEMPERVIRENS

Herbert T. Cox, M. D., Los Angeles.

Read before the Joint Meeting of the Los Angeles Eclectic Medical Society and the Los Angeles Homeopathic Society.

Common Names: Yellow jessamine, jessamine, carolina jessamine, wild woodbine, white poison vine, white jessamine.

Gelsemium Sempervirens is a native plant of the Southern United States, being abundant in the swamps and woods of that region. It is a prolific climber, twenty to fifty feet in length, often ascending lofty trees. The stem is the same size at the top as at the bottom, and is twining, smooth, hollow and of a green or purplish color. The leaves are dark green above and pale green below. The flowers are bright yellow, trumpet shaped and occur solitary or two or three together on a short peduncle. The rhizome, which is

the part employed in medicine, runs from fifteen to thirty feet just under the surface of the ground and is about an inch in diameter.

History: The name, given by Jussieu, was made from the Italian name, gelsomino, and probably led early Eclectic authors to use the name gelseminum instead of gelsemium, which is the present used name. Elliott's Botany of South Carolina and Georgia, 1821, mentioned it as having narcotic action and being often used in rheumatism. Rafinesque gave it recognition in 1830. The medical use had its origin through the mistake of a servant of a southern planter who was sick with fever. This servant making the mistake of giving his master a decoction of gelsemium root instead of a garden plant intended. This dose immediately produced loss of muscular power with great depression, the eyelids drooped and could not be voluntarily opened. But finally the effects wore away and the man recovered, free from fever, which did not recur.

An observing physician learning of the incident, prepared from gelsemium a remedy which he called the "Electrical febrifuge" which became quite popular. King's American Eclectic Dispensatory, 1852, introduced gelsemium to the medical world. King's article on gelsemium in substance was copied by the United States Dispensatory in 1854, none of the previous nine editions having mentioned it. The United States Pharmacopeia gave it place in 1880, and at present the drug is in much favor with physicians of all schools; and is one of the most used remedies in Eclectic therapy.

Constituents are Gelsemine, Gelsamic acid, Gelseminine, volatile oil, gum, starch, and resin.

Preparations: Only preparations made from the fresh green root are of value in therapeutics, as all others seem to be inert. The preparation most used by the Eclectics is the Specific Gelsemium of Lloyd Bros., and the normal green root tincture of Merrill. The dose of the specific as a febrifuge is one-third of a minim to two minims, and as an antispasmodic from five to ten minims.

Physiological Action. It relaxes all voluntary muscles and secondarily acts on smooth muscles. Produces dilatation of pupil, paralysis of facial nerve and other cranial nerves. An overdose produces slight excitement at first, followed by depression of the nervous system, dizziness, amblyopia; diplopia, dilated pupils, ptosis of upper eyelids and inability to keep the jaw closed. The temperature is reduced and the force and frequency of pulse is lowered. The in-

fluence is exerted upon the motor portion of the cord, then upon the sensory portion and upon the medulla. Through the influence upon the anterior horn cells the splanchnic nerves are also affected.

Death in typical fatal cases results from failure of the respiratory muscles producing asphyxia. The intellect is unimpaired. Gelsemium is quickly eliminated by the kidneys.

The primary action of gelsemium should be kept in mind in its therapeutic administration. Its direct action is upon the central nervous system. It diminishes the blood supply of the brain and spinal cord by lessening nerve power, and retarding the functional action of the nerve centers over the nerves themselves. It inhibits excessive nerve action. It is not the remedy for asthenic conditions, but for sthenic conditions, when there is increased nerve tension, with its consequent irritation, and usually active hyperemia.

Specific Symptomatology: Acute cerebral hyperemia manifested by a bright flush upon the face, bright eyes with contracted pupils, restlessness and excitability. Muscular twitchings and high degree of nerve tension. In acute cases there is present elevated temperature, hot skin, usually dry; a sharp, quick pulse generally compressible.

Therapy: The most useful field of gelsemium is in fevers and acute inflammations especially those of childhood. In these cases where there is marked restlessness or nerve irritations, the specific indications are generally found present in a marked degree. Many cases of biliousness or acute intestinal disturbances in children produce a state of high fever, restlessness, flushed face, bounding pulse and coated tongue, resembling very much a beginning scarletina, especially if the child happens to have a sore throat. I have seen many of these cases, when it seemed a question of waiting a day or two for other symptoms to develop in order to make a diagnosis. When these cases were given small frequently repeated doses of gelsemium together with the other indicated treatment, they would clear up in 24 to 36 hours and your differential diagnosis was made. If during fevers of childhood nervous twitchings or spasms occur, they can be controlled by increasing the size and frequency of the dose. In acute inflammations of any organ, the remedy is often indicated in the early stages, but should be discontinued when its indications disappear. It is contra-indicated in asthenic conditions and passive congestion of nerve centers or organs.

Cerebral, spinal and meningeal inflammations and irritations are greatly influenced by this remedy and its direct indications are generally present in the early stages. It relieves the congestion of the part and lessens the nervous irritation. In nervous women and children with irritation of the bladder, it is a good remedy. Also it is excellent in the urethral irritation in the early stages of gonorrhoea, especially in the male. The tenesmus of acute or chronic cystitis is relieved by it. In acute nephritis it increases the urine, allays the general nervous phenomena, lessens the fever and pain, and aids in restoring normal conditions locally in the kidney.

In various neuralgias due to hyperemia, especially those of the face, it acts well. In migraine and tic douloureux it is to be given just short of its physiological action.

Cardiac neuralgia and cases of rapid heart due to over excitability are relieved by gelsemium. It is contra-indicated, of course, in a weak heart or if a noticeable valvular lesion is present. In acute rheumatism or rheumatic fever, it is indicated. It is also useful in rheumatic stiffness of neck or back muscles if accompanied by sharp pain. In either acute cold or la grippe, if there is aching or pain in the muscles, or headache and coryza, a few doses of good size often relieve the case completely.

In some cases of nervous wakefulness due to cerebral hyperemia or general nervousness, a few full doses produce quiet and repose. In nervous excitation of women dependent upon ovaritis, salpingitis, metritis, mastitis, or ovarian neuralgia or neuralgic dysmenorrhoea, it is a very successful agent to depend upon in connection with other indicated agents. In tetanus, puerperal convulsions, other convulsions dependent upon nerve irritation, spasmodic urethral stricture and in nervousness with rigidity of the os uteri in labor, it becoming a very popular remedy when used hypodermically. The preparation known as subculoid gelsemium being the best and most reliable for hypodermic administration and used in dosage of from 5 to 20 minims as the urgency of the case may require. Dr. Roath of our own city has used it extensively in obstetrical cases.

In malarial regions of the United States, gelsemium has been much valued by practitioners in assisting the action of quinine. A few doses of gelsemium relieves the nervous tension, slows the circulation and moistens the skin, producing a condition in which quinine acts more favorably, and at the

same time is less apt to produce undesirable phenomena among which is tinnitus aurium.

There are many other diseases in which gelsemium may be used besides the ones I have mentioned. In fact we do not believe in prescribing it for named diseases, but we are sure to get nothing but good results in any disease in which we find our specific group of symptoms calling for the remedy, if we administer it properly.

Agents which act harmoniously with it to a greater or less extent are passiflora, bromides, chloral hydrate, conium, veratrum, scutellaria, macrotys and aconite.

Antagonistic agents are strychnia or nux vomica, digitalis, ammonia, atropine or belladonna and caffeine.

Antidotes for overdoses are faradism, alcoholic stimulants, artificial respiration, strychnia or atropine.

CHILDREN IN WAR TIME

Thousands of children besides war orphans and refugees have been directly affected by the war, according to reports from belligerent countries, which have come to the Children's Bureau of the U. S. Department of Labor. Juvenile delinquency has increased, more children have been employed under adverse conditions, special measures have been necessary to protect the health of mothers and babies, and home life has been broken up by the increased employment of mothers.

The Bureau believes that the experience of other countries should be carefully considered in order that all possible provision may be made to prevent similar harm to children in the United States. The Bureau has therefore begun a brief review of foreign experience, in so far as it can be understood from available reports, and will shortly publish a series of special articles about children in war time.

A preliminary survey of the foreign material emphasizes the importance of a strict enforcement of all child-labor and school-attendance laws and a generous development of infant-welfare work by public and private agencies. The Children's Bureau suggests that a well-planned Baby Week will be more valuable this year than ever before and will gladly send its bulletin of directions for Baby Week Campaigns to any address.

To those who are especially interested in working children, the Bureau's new report on the Employment-Certificate System in New York State will show certain points which

are essential if an age limit for children's work is to be effective.

A more general use of existing provisions for scientific maternity care and the extension of provisions for such care in all types of communities should serve to reduce the number of deaths among mothers and babies and to improve the health and general condition of children throughout the country. A full discussion of the causes and prevention of maternal deaths and an analysis of available statistics, are contained in a report on Maternity Mortality, published by the Children's Bureau.

The following Children's Bureau publications are of special interest in connection with work for the welfare of mothers and babies, and may be obtained upon request from the Children's Bureau, Washington, D. C.

Birth Registration: An aid in protecting the lives and rights of children. 20 pp. 3d ed. 1914. Bureau publication No. 2. Tells why every birth ought to be registered with local authorities.

Prenatal Care, by Mrs. Max West. 41 pp. 4th ed. 1915. Bureau publication No. 4. Describes the care a mother should have before her baby comes.

New Zealand Society for the Health of Women and Children: An example of methods of baby-saving work in small towns and rural communities. 18 pp. 1914. Bureau publication No. 6.

Infant Care, by Mrs. Max West. 87 pp. 1914. Bureau publication No. 8. Tells a mother how to take care of her baby through the first two years.

Infant Mortality: Results of a field study in Johnstown, Pa., based on births in one calendar year, by Emma Duke. 93 pp. and 9 pp. illus. 1915. Bureau publication No. 9.

Infant Mortality, Montclair, N. J.: A study of infant mortality in a suburban community. 36 pp. 1915. Bureau publication No. 11.

Infant Mortality: Results of a field study in Manchester, N. H., based on births in one year, by Beatrice Sheets Duncan and Emma Duke. Bureau publication No. 20. (In press.)

The Johnstown, Montclair, and Manchester reports show something of the home and community conditions which endanger babies' lives.

Baby-Week Campaigns (Revised Edition): 144 pp. and 15 pp. illus. 1917. Bureau publication No. 15. Tells how

a week (or a day) may be used to show a community what it ought to do for its babies and mothers.

A Tabular Statement of Infant-Welfare Work by Public and Private Agencies in the United States, by Etta R. Goodwin. 114 pp. 1916. Bureau publication No. 16. List of infant-welfare agencies and their activities in cities having a population of 10,000 or over.

Maternal Mortality from all Conditions Connected with Childbirth in the United States and Certain Other Countries; by Grace L. Meigs, M. D. 66 pp. 1917. Bureau publication No. 19. Discusses causes and prevention of deaths in childbirth and reviews available statistics.

How to Conduct a Children's Health Conference, by Frances Sage Bradley, M. D., and Florence Brown Sherbon, M. D. Bureau publication No. 23. (In press.)

CAMPAIGN AGAINST UNCLEAN UTENSILS

An active campaign against the unsterilized milk can, pail, strainer cloth, and separator, as contributing causes to high bacterial count in city milk, is to be carried on this season by the U. S. Department of Agriculture in co-operation with the health and milk officials of a number of cities. Already health officers in 150 localities have accepted the department's offer to demonstrate to their local milk producers a simple home-made sterilizer, costing not more than \$15, which if used on the farm will help guard the milk against this initial and serious contamination. How great a bearing sterilization of milk utensils on the farm has on the bacterial content of milk is shown by experiments which have proved that the average milk can, when washed in the ordinary way, may contain over eight billion bacteria, and that almost every milk can so treated harbors millions of bacteria which give a high bacterial count and hastens the souring of milk.

The home-made sterilizer for dairy utensils which is to be demonstrated uses steam as a sterilizing agent. All that is required to develop steam enough to sterilize the ordinary dairy utensils is a two-burner kerosene stove, and there is nothing about the device which calls for special skill in its effective use. The department has twenty of these sterilizers, described in Farmers' Bulletin 748, and has offered to supply an outfit for a two-weeks' demonstration to any local health or dairy official who will agree to show it in operation to the milk producers in his section.

The effectiveness of this sterilizer has been fully proved

both in the laboratory and on the farm. In one experiment 10 gallons of fresh milk were divided into two parts. Five gallons, passed through a separator into a 5-gallon can, both utensils washed in the ordinary way, showed at the end of an hour 1,880,000 bacteria per cubic centimeter. The other five gallons, passed through a separator into a can, after both utensils had been washed and sterilized by means of the home-made sterilizer, showed only 24,000 bacteria per cubic centimeter.

The device, moreover, removes foul odors and leaves the utensils dry as well as sterilized. Experience shows that the bacterial count is thus materially reduced, while the producer finds that his milk does not sour so quickly and has an improved flavor.

The specialists of the Dairy Division are hopeful that the device, wherever it is demonstrated, will come into common use. It is believed that this sterilizer will find ready adoption among small dairymen because of its low cost of construction and operation, and because its use will tend to improve the quality and increase the keeping character of the milk.—U. S. Dept. of Agriculture.

SYPHILIS

W. G. Choate, M. D., Hot Springs, Ark.

I do not know of any subject that medical men encounter more often than they do syphilis in some of its forms, and I do not know of any disease that is more often neglected, both through carelessness and ignorance of the general practitioner, and I must say some specialists in this one disease.

As to the history of syphilis we are not sure, but it undoubtedly existed hundreds of years before Christ, and some authors very frequently quote from the Bible to prove this, Numbers 25:28 and 31; 16-17; 18th chapter of Leviticus.

Syphilis is a contagious disease and it is chronic in evolution, intermittent in manifestation, and indefinite in duration. It is caused by a micro-organism, "spirocheta pallida," fourteen microns in length, and most only a quarter of a micron in width; its form is that of a corkscrew with sixteen, eighteen and even twenty-four turns; it is active in motion when examined in the fresh smear, and may show this activity for days in a salt solution when the tissues are kept from twenty to twenty-seven degrees C.

Syphilis is divided into three periods: Primary, second-

ary and tertiary. The primary stage manifests itself usually in from fourteen to twenty-four days in the form of a hard chancre on the tissues where infection takes place, which is usually on the penis. However, it has been known to occur on the mouth, nose, ear, cheek, and rectum. This is the first manifestation of syphilis and is not hard to recognize and diagnose, if some of the serum be taken from the chancre and examined for the spirochete. I prefer Roescher's method of taking this serum, which is as follows: The surface of the sore is cleaned with alcohol, irrigated with a salt solution and dried. It is then scraped with a needle to avoid drawing blood, but bringing out a good deal of serum. Smears are made from the serum and in it the spirochetæ will be found. I prefer Geisman's India ink method. But we have cases of syphilis wherein we get no history of a primary lesion. These are the cases that go untreated, as a rule, and in after years cause nervous lesions, hardening of the arteries, locomotor ataxia, paralysis and kindred diseases of the nervous system.

The secondary period, which usually makes its appearance in from six weeks to six months, is characterized by the appearance of generalized symmetrical eruptions, copper colored in appearance, sore mouth, throat, known as the mucous patches, sometimes ulcerated conditions and falling hair. These are the conditions that most any one is able to diagnose and determine the disease they are dealing with, but unfortunately we can not always get the history. But I wish to say here that, where we do get this history, we do not have the tertiary lesions developing near so often and, when they do, they are not so severe, because of the fact that the patient has usually had thorough treatment and has avoided the severe nervous, bone, skin and other lesions.

As we pass on to the third stage, which usually makes its appearance in from six to eighteen months, it is likely to make its appearance in a hundred and one different ways, paralysis, locomotor ataxia, general anemia, periostitis, hardening conditions of the arteries. And I will say when you have a hardened condition of the artery, you generally have a high blood pressure and kidney lesions.

As I have covered primary, secondary and tertiary syphilis in a brief way, I will now speak of the disease as a whole in a general way before I proceed to the treatment of the same.

I first wish to speak of the relation of syphilis to marriage, as this has been a topic of general discussion from time

immemorial. From experience, I am led to believe where a man has had proper treatment from the first, and in the course of two years, he will be able to marry and be the father of healthy offspring. However, if a man has not received thorough treatment (by this I mean external, internal and continuously), it is never, in my opinion, safe to advise him to marry and be the father of children born into this world syphilitic degenerates.

Relations of Stricture to Locomotor Ataxia.—I have never seen a case of locomotor ataxia following syphilis or any other diseases where there was not stricture. I only drop this suggestion for thought. I realize the fact that to cover syphilis in all its forms and phases (if I were capable of so doing) would tax the patience of you too much, and I shall not proceed with the treatment. I wish to state that the treatment that I shall outline is not experimental with me, because I am using it every day, and in different cases, and it is now and has been for some time a matter of fact, and I assure you that any one who wishes to try it will not be disappointed if they will follow the directions I lay down.

If a case reports itself to me in the beginning, when we have the primary sore, I use some simple dusting powder on the sore, keep it clean and it will heal in a few days. I invariably give this patient a dose of salvarsan intravenously. I then begin with my mercury rubs and baths. I take an ounce of mercury, as a rule, and divide it into six papers, one of which I have rubbed every day until the patient becomes thoroughly saturated with mercury, and, at the same time, I have the patient take a bath every other day, temperature 98° F., and stay in the bath ten minutes. When he is thoroughly saturated I usually vapor them out with hot baths, which requires from five to six days. Some one may ask the question: "How much mercury will it take to thoroughly saturate a man?" I will answer this question by saying that every man is a law unto himself, but it usually takes from four to six ounces and, when this treatment is through, I advise another dose of salvarsan. While we are doing this, the patient is taking internally echinacea an ounce, syrup of hydriodic acid seven ounces, two drachms taken in a quarter of a glass of water an hour after meals; specific berberis three to four drams, diast. iron to make six ounces, teaspoonful three to four times a day. I wish to state that if Eclectics have any one remedy that is a specific in the treatment of a disease, berberis is that specific. I put my patient on

iron and berberis when they leave for home and the results are something marvelous. I keep them on this treatment until they return to the Springs. I am having no trouble in the treatment of this disease whatever. I sometimes use phytolacca and iris in conjunction with this treatment, and sometimes there will be an indication of some other specific drug, and if this treatment is followed out the bad condition which develops in the tertiary lesions will be avoided—not in most cases—but in ALL cases.

Unfortunately, we have a few men among us who do not know and criticize the use of salvarsan. But where we see thousands of cases we are in position to see the improvement in the patients who have had it.

In Hot Springs, Ark., we do not have the patient who is disgusting to handle any more, because the use of salvarsan has eradicated this condition. I am an Eclectic, therefore, I claim the right to use anything that is tried and found to be beneficial—it matters not where it comes from—and the man who condemns salvarsan does not know.

If you have a case where the pain is severe in the back of the head, pains shooting and darting in character in the legs, give from 20 to 40 drops of 1 per cent. solution bichloride of mercury in the vein, the pain will begin to disappear soon; repeat in a couple of days, if necessary. I have given a patient one every other day, until I give a dozen, in case after case, and the result has been wonderful. But where we see the cases that have paralysis, locomotor ataxia and ulcer, we have got to meet the conditions as we find them. For an ulcerated condition at this stage I am using salvarsan, the bichloride injection and a high frequency current. There are cases where I use intramuscular injection of ensol, but these cases are mean and tedious, but, if we will work consistently and patiently, we will get excellent results in a great many of them. In some of these cases I use the iodide of potassium, but I am frank to confess that I do not use it as often and as frequently now as I have in the past.

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"THE GOOD OLD SUMMER TIME"

While it is true that the seasonal changes in this locality are not marked still it is well to remember that summer soon will be here and plan accordingly. Fruits will be eaten in excess and not always will they be in prime condition. As usually found on the market they are either under ripe or over ripe and it is in these states that they are apt to produce an acute indigestion in the partaker thereof. Also it is quite possible for prime fruit to cause trouble particularly when eaten in excess. Some—let us hope many—of these people will be your patients, and it is necessary to be prepared. Dust off the bottles which contain the remedies which have been most efficient in your hands in these summer diseases and take stock of their contents. Take note of the drug and determine that it is still in prime condition—for drugs do deteriorate. To possess an inactive drug is worse by far than none at all, for in its use the medical man depends upon a force which already has been dissipated. Not only is it necessary to have on hand good drugs, but it also is necessary to have on hand an ample supply. Not infre-

quently these summer diseases arrive in an epidemic form and a surprisingly large quantity of the indicated remedy is required.

"EXPERIENCE AND OBSERVATION"

The above occurs in a sentence written by the talented physician-pharmacist, John Redman Coxe, in his celebrated work, "The American Dispensary," 1831. As true today as then is it that the progress of the world rests upon these two factors. It is also true that, as Dr. Coxe remarks in the above-named article, in speaking of the therapeutic use of a remedy, "how little capable we are of estimating the value of anything other than by "experience and observation."

On these two factors also depends the progress of the sciences. Together they move, experimental and theoretical investigations, in whatever may be their different outreaches. The man who imagines that the experience of the world and the observation of humanity can be brushed out by theoretical deductions based upon anything else than facts derived in this manner, cherishes a delusion. Those who follow in the footsteps of the man who speaks regarding a something other than that which has a foundation of fact, based upon experience and observation, tread the danger line. Fanaticism, narrowness, prejudice, fallacy, lead him who otherwise theorizes, as well as him who follows irrational theories, into mire and quicksands.

John Redman Coxe, in his American Dispensary, nearly a hundred years ago called attention to the fact that invaluable remedies might be overlooked, if not forgotten, by him who follows the irrational theorist or the prejudiced faddist. In this connection he refers to Cobweb, a remedy that, by the "experience and observation" of the foremost Eclectic practitioners, becomes invaluable when properly administered. Basing his argument on the experience of the celebrated Dr. Jackson, a noted English navy surgeon, an authority on febrile diseases, he quotes as follows:

"He (Dr. Jackson) concludes that it (cobweb or *tela araneæ*) 'possessed an extraordinary and altogether an inapplicable power in calming irritations, and in diminishing the excess of bodily torments,' hence he was induced to try it 'in the deliria, pains, spasms and subsultus common in fevers of the continued class.' The effect far exceeded his expectations. He likewise effected perfect cures in some troublesome spasmodic affections, and gave it with the most marked

benefit in dry, irritating coughs, usually termed nervous, singly, and sometimes conjoined with opium. In the advanced stage of pthisis it procured a respite beyond his expectation, one particular case of which he details. He further found it useful in restraining a troublesome hiccough. And he concludes by affirming 'that cobweb diminishes morbid irritability, and calms irritations of both body and mind, in a degree far exceeding any drug or remedy within the circle of our knowledge.'"—Coxe's American Dispensary, 1831.

Nor need theory, even though it be based on experience and observation, be necessarily fact. For example, decoction of pumpkin seed has been used as a domestic tapeworm remedy for half a century or longer. We have more than once received authoritative information from physicians who by using the decoction have promptly obtained the worm. The fact that decoction of pumpkin seed will kill or paralyze tapeworms is familiar to many readers of this journal, who have experienced its effect.

Comes at last a chemical examination of pumpkin seed, made by no less an authority than Professor Frederick B. Power, of the Wellcome Research Laboratories, London, England (many others have preceded this). Professor Power found pumpkin seed to be devoid of any so-called active principle of a chemical nature. This led to the following theoretical axiom, as announced by an authoritative publication giving advice to pharmacists and physicians:

"Prof. F. B. Power has made a thorough examination of pumpkin seeds, and finds them to contain an oil and a trace of resinous matter and of salicylic acid. Neither the oil nor resin showed any physiological activity, and it appears probable that the use of pumpkin seeds as a vermifuge is without value."

A physician, thirty years ago, having obtained a tapeworm of many feet in length by the use of decoction of pumpkin seed, interested this writer in attempting to discover the active ingredients of the seed. Like Professor Power, we failed in the effort, but, unlike the commentator on Professor Power's investigation, we accepted that when a decoction of pumpkin seed produced the work, the decoction was not at fault if we failed in discovering the active agent. Such as this is but one of numberless experiences in which a drug texture has a quality that no one constituent obtained therefrom possesses. In this connection this writer decided, thirty years ago, that pumpkin seed does not derive its value from a single chemical agent, but from the texture,

the action being perhaps mechanical. A decoction of pumpkin seed made from the seed, including the shell, pounded to a pulp, the same being administered in toto, expelled tapeworms, but every solution of pumpkin seed failed in accomplishing this purpose. We then decided that the remedy was, partly at least, mechanical in its action, thus paralleling cowage and powdered tin, both of which are more or less celebrated as worm eradicators.

Thus it is possible that Professor Power is right, and the theorist also right as to Power's products being of no avail as tapeworm remedies. But the fact remains that the man who expelled the tapeworm by the administration of pumpkin seed decoction, in which exist the fibers of the shredded hull and other mechanical admixtures, is no less right. He stands first in the list, for he knows by experience and observation that a fact is a fact. He got the worm.—Lloyd in Eclectic Medical Journal.

IS A BIG PRACTICE A GREAT DESIDERATUM?

William Taylor Marrs.

One can "argue" on almost anything and in almost any manner, pro or con, forward or backward. To essay to prove that a big practice is a considerable of a nuisance might remind the reader of a couple of fables. One of the fables suggested concerns a certain fox who got his tail cut off in a trap, and thereafter went about advising all the other foxes to have their caudal appendages amputated and thus not be burdened by carrying the bushy thing around constantly.

The other fable that might come to one's mind is so common that the brace of words "sour grapes" suggests it. I rather like the sour grape fable anyway; it suggests to us to be tranquil and satisfied with what we have and not eat our hearts out longing and pining for that which is not for us. But to get down to brass tacks on this matter, I don't believe a big general practice should be the ne plus ultra of one's endeavors. I speak more from observation than actual personal experience. For nearly twenty years I have been in close touch with general practitioners both in the country and middle-size towns of Illinois. The doctors who had a colossal practice fifteen or twenty years ago are most of them now dead. On the whole, I believe it is better to have a more modest practice, have more fun, and incidentally live longer.

In small towns and rural communities there is so much struggle and strife among the physicians, often the animosity being so bitter that they will hardly consult with one another. In some towns where there are three or four or half a dozen doctors some of them will go into a sort of pool against the others. So many doctors have an overweening ambition to corner all the practice and deprive the other fellows of as much of it as possible. I do not know what is the main element that prompts this spirit of unrest in the profession. Professional jealousy is a part of it; also the desire to be popular and on everybody's tongue, and the penchant for money. Many, many doctors are hard pushed to make a living and are obliged to take advantage of everything within their grasp in order to make ends meet. A good deal of this unequal division of business is brought about by a few men who try to get a monopoly on the practice, or at least more than their share.

Now I am not contending that a very extensive practice is not legitimate or ethical. It is both of these; but too often it is a handicap and a millstone about the physician who undertakes to keep up a monumental practice. In the first place the large business demands so much time to maintain it that the doctor does not have time to read and investigate and carry out any line of research. The overburdened doctor becomes rusty in many instances that I know of, and I notice that his desk is piled up with medical journals, many of which have not had their overcoats removed. A traveling man who calls on the profession told me that he was so often pained to see the doctor's waste baskets filled with fresh medical journals. If the doctor does not read medical journals it's a pretty straight throw that he will not browse much in the magazines and with collateral sciences. If the doctor has not a speaking acquaintance with the world's progress and with literature he is missing some of the best things in life. He is not laying by that richness of mind and ripeness of character that will be such a comfort to him when some of his physical activity begins to wane. If one has not time to cultivate the social amenities in a modest way and have a certain amount of leisure to sit around his fire-side and enjoy his family and friends, what's the use of living, anyway?

As I have already intimated the man who struggles along with too big a practice often finds that it is his undoing because of the jeopardy it places upon his health. If one's sleep is too long and too often broken into, together with

irregular meals and other irregularities that follow as concomitants, one sooner or later finds that his vitality is not what it was once. Nervousness, insomnia, rheumatism, renal inadequacy and other evidences of early physical deterioration soon set in. Before the doctor has perhaps realized the fact, the tentacles of some grave infirmity have been fastened about him. Another sad thing in connection with the life of an overburdened doctor is that he is so often tempted to indulge in alcoholics in order to offset the physical and mental wear-and-tear. Whisky is really an anesthetic or sedative, like morphine, and inhibits fatigue and favors oblivion and forgetfulness. A great many doctors think a man can, after the age of fifty, indulge in liquor moderately with a minimum of risk of the habit becoming so very thoroughly entrenched. This seems to be a sort of unwritten law among doctors themselves. I do not pose as a teetotaler, but I believe the profession would be much better off without liquor in any form. The young or middle-aged doctor should let it severely alone. Coffee is, after all, our quickest and best stimulant.

It takes money to keep the big practice going. More buggies, more automobiles, more feed, more gasoline, more repairs, more clothing, more drugs, more instruments, more everything. Above everything else the large practice naturally garners more deadheads as well as the respectable poor, who can pay little or nothing. According to the law a non-paying patient—say a case of obstetrics or surgery—demands the same care and attention as a millionaire. While attending poor-paying patients often good ones slip by. The bigger one's practice the more he will proportionately lose, all things considered. It also requires time and money to collect bills, or to attempt to collect them. If one is doing his own dispensing and has a rather good medicine-taking clientele he will often be surprised to note how the medicine bottles so promptly empty themselves. And empty bottles and corks are too piffling to mention, but did you never experience that they went down so promptly that you at times felt the necessity of bribing neighborhood kids to go out and hunt you up some at so much per? That was, of course, in your palmy days before you acquired the aristocratic clientele that you now enjoy—perhaps. We have all seen the seamy side of it and maybe some of us are not so far removed from it yet.

The doctor with an enormous practice ought to be a man of sufficient business acumen so that he can get rich and retire in a few years. He seldom does either. Often he wears himself out, fails to collect many of his accounts,

sometimes does not meet his own bills, lets everything go slipshod and half-done, neglects the payments on his property, and lets the best part of his life insurance lag. Then again, have you not known of this busy, bustling doctor who gets burned out with no insurance on his property? One can do only about so much work or he will neglect something of great importance.

The doctor who has a ripping big practice the first few years may get a lot of valuable experience, but the natural tendency is for him to become hasty and careless in his diagnosis and in prescribing. After all one does not get the actual value from a dozen cases casually and indifferently treated that he may derive from one case earnestly and painstakingly handled. The man who is trying to hold up too big a business must necessarily hustle, and in doing so leaves undone many things that he should do and is more likely to make mistakes than the one who is going slower. The writer know one busy doctor who, in his haste to cure some fissured nipples, applied nitrate of silver and burnt them out, root and branch. Of course, we who travel at a slower pace may also blunder occasionally.

The majority of physicians who have a big business become a trifle conceited, and if they don't blow about it themselves a few of their friends—old women of both sexes—will work overtime bragging up their doctor. General laudatory mention of a doctor helps him wonderfully for a time, but after a while there is almost invariably a reaction. All the other doctors roundabout get a trifle jealous and very much disgusted with the horn-tooting methods of the man who has no more ability than they themselves possess. A doctor can not long prosper in a community if he has not the respect of a majority of his medical brethren, for the majority are usually right and always exert a great influence. The doctor who has a hundred cases of sore throat every month, fifty cases of grip, twenty-five fractures, fifteen obstetrical cases, and so on, ought to keep it to himself. People will soon take pity on the poor overworked man and quit troubling him so much.

It has been my aim to cheer and comfort the struggling physicians who think they have not enough business. Perhaps many have not; nearly all doctors think they are not prosperous enough, and the sad thing about it is that it's too often true. Did you know the majority of doctors of all classes are not satisfied with their location and are always wishing they were somewhere else? Accept a word of advice from the self-appointed prophet and seer: If you are making a decent living don't pine for the bigger things, for they carry

with them troubles that you may wot not of. In the end success comes from within. Improve yourself and enjoy life as you go along. Add a little to your store of medical and general knowledge every day, and if possible perfect yourself along some one line of research or practice. In ten years you will find yourself a better physician and one who is able to "deliver the goods." Your qualifications will attract a desirable and well-paying class of patrons. More than that you will have conserved your energies and not have grown prematurely old and thus lost your capacity for enjoying the good things of life. If one really qualifies himself to do things the world will build a road to his door.—Medical Brief.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., 1410 W. 16th St., Los Angeles, Secretary.

ECLECTIC MEDICAL SOCIETY OF CALIFORNIA

The annual meeting of the Eclectic Medical Society of the State of California will be held at Santa Barbara, Thursday, Friday and Saturday, May 24th, 25th and 26th. Arrangements are being completed to have the official headquarters and the meeting itself at the Hotel Potter. The officers of the various sections are doing their part and from all reports we should have a splendid program and a good attendance. We hope to have a completed copy of the program in the hands of each member at least ten days before the meeting. We especially urge each member to do his or her part when solicited for papers by the section officers, and above all to decide to get away from business for three days and attend the meeting. Santa Barbara is ideally located about 104 miles from Los Angeles. One of the finest auto-

mobile trips in California, state highway all the way. The regular May meeting of the Southern California Eclectic Medical Association will be held in conjunction with the State Society meeting at which time they will elect officers for the ensuing year. From all correspondence there will be a goodly number of our Northern members coming down for the meeting and a regular vacation. Another pertinent suggestion is that the society can not exist on good wishes, so we ask each member NOW to send in the dues for 1917, two dollars (\$2.00) to the Secretary, Dr. G. H. Greenwell, Abbey Hotel, 8th and Figueroa Streets, Los Angeles.

This year above all years it is essential that we have a large and representative attendance and that we build up and strengthen our membership. The time is short, write your paper, arrange your affairs and get to the meeting.

G. HUNTER GREENWELL, M. D.,

H. FORD SCUDDER,

Secretary.

President.

NEWS ITEMS

Dr. H. T. Cox was very unfortunate recently when his automobile was stolen. After a few weeks he purchased another.

Died: Dr. George W. Boskowitz died March 15, at Saratoga, Florida, where he had gone in hopes of regaining his health, which has been failing for four or five years. Dr. Boskowitz was for thirty years an active member of our National Association and for many years President of the New York Eclectic Medical Journal and Editor of the Eclectic Review. When the National Association met in Los Angeles a few years ago, Dr. Boskowitz presided as President.

Dr. W. E. Smith, Whittier, is now convalescent in The Westlake Hospital following a serious operation.

Dr. Kate Seeburger is located in Santa Ana, Cal., where she is building up a large practice. Dr. Seeburger suffered the loss of her mother recently.

Dr. M. Blanche Bolton has left San Pedro where she has been located for many years. She plans to take an extended vacation to be spent in travel and Post-graduate work. At the present time she is in The Westlake Hospital recovering from an operation for appendicitis.

The Los Angeles County Eclectic Society met with Drs. Welbourn in April and there was an unusually large attendance and papers of unusual interest were read. The next meeting will be held at the same place on May 7th. The time of meeting has been changed from the first Tuesday in the month to the first Monday.

The California Eclectic Medical Journal

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No. 6

Original Contributions

A LITTLE HISTORY NOT SO ANCIENT, AND A MORAL

Herbert T. Webster, M. D., Oakland, Cal.

To one inside the ring, the checkered career of the California Eclectic Medical Journal is not without interest; and now that our College is gone, it might be well to devote a moment's thought to its past and future. The Journal was launched in 1880, and as Prof. Bundy was one of its editors, there is evidence in its pages that it was an advocate of Eclectic medicine, though the banner was left out of its title. It was dubbed "The California Medical Journal," and as the name Eclectic seemed something to shy at, the College was styled, probably through the same influence, "California Medical College (Eclectic)," Eclectic in parentheses. The writer was not on the ground at the time, so cannot state the reason why its managers were ashamed of the name, but the evidence is patent of the fact. However, the College began as the "Oakland Eclectic Medical College." Dr. Webb, however, was dead, and a new management had been inaugurated. The first move afterward was a dodge at the name Eclectic.

The first two volumes do not require the use of a microscope to indicate that it was an Eclectic publication, though one of its editorials, laudatory of Bennett Medical College, indicates which way the wind blew. I will make a little extract from an editorial in it, illustrative:

"A few years ago Bennett was spoken of as being second to the Scudder Institute of Cincinnati; but since Scudder has become specific, he has lost ground. Scudder has also grown old and selfish. He who does not laud the quota-

tions of Scudder is in his mind no physician. As Scudder becomes weak, so also does his medicine, and in a reverse ratio does his selfishness. From this cause Scudder has been losing force, while by the ever untiring efforts of the professors of Bennett, it steadily advanced."

Before the end of volume second, Prof. Bundy was dead and buried, and new timber was engrafted into the editorial staff—a recent graduate of Bennett. From that time to toward the end of volume third, one would have needed a microscope to determine whether the journal was a mongrel or an old school publication. Nothing in the editorial department would lend any suspicion, and its only redemption was an occasional original communication from some outspoken Eclectic. As an illustration of the condition of affairs at that time, I will copy a prescription from an article contributed by one of the faculty:

"R.
Benzoi^c acid, dr. ij.
Phos. soda, dr. iv.
Po. gum acacia.
Bicarb. soda, aa, dr. ij.
Spts. eth. nit., oz. ss.
Aqua menth. pip., q. s. ad., oz. vi.

M. Sig. A teaspoonful three times a day."

No wonder that the early graduates of the College were a poor and lukewarm lot, and that many of them who are alive have gone over to the old school.

It was the custom of the general management to put new comers at editing the Journal, for not having any practice at the time, it was thought best to keep them busy until a new recruit came along. Therefore, when I arrived in Oakland, in November, 1882, I found the job waiting for me. Dr. Cornwall was also a new comer, so there was to be a joint editorship. The November number was not out, although the middle of the month was past, but we went at it, tooth and nail—two country greenhorns from the eastern backwoods, who had written few articles combined in all our lives. Almost anyone was good enough to edit and manage the Journal, however. It did not matter much; "Let George do it."

We went at it with a vim, if not with judgment. The leading editorial was entitled "A New Broom Sweeps Clean." It was the work of Dr. C., and was not so "worse," considering some of the editorials which had preceded it. It was a great enterprise upon which we embarked. The Jour-

nal had about sixty subscribers, the majority of whom were in arrears with their subscriptions, and grumbled when invited to pay up. We soon found we were on a tough job. All we lacked were subscribers and original contributors; to these might be added the money to pay the printer, though the College helped out on this when strongly urged. We had visions of a great success, but they soon faded away. We were located in a barren field for any support. Our subscribers and readers seemed to be barren of ideas, and expected us to create something out of nothing. If we had any original contributions to offer, we were compelled to write them ourselves. One old gentleman, who was practicing in San Jose, sent us a long-winded article, full of verbiage, so full of repetition that we could not make head or tail of it. We studied it over, and concluded that we could not publish it in that shape, so I finally revised it, taking in all the ideas I could find, and made an article of three small paragraphs. We published it in that shape, thinking that we would be overwhelmed by the old gentleman with gratitude for making so readable an article for him. Instead, he at once became our bitter enemy, and denounced us in strong terms to other members of the faculty. He said we had ruined his article, which consisted of ten pages of written foolscap. He never spoke to me afterward. He has long been dead, and God rest his soul.

At the end of a year, or rather at the end of ten months, Dr. C. weakened, and left me with the entire responsibility on my hands. Until 1890, I was editor, publisher, office boy, proofreader, solicitor for ads, collector, and writer of original contributions principally. I found I was situated among a set of drones, who either would not or could not help me out. I conducted the Journal "all by my lonely," with occasional help from Dr. John Fearn, who came to my rescue frequently with an original paper. In 1890, I was tired out and went to Europe on a vacation. I had built up a good practice by this time, as well as taken care of the Journal, and devoted much time to the College. The College had prospered so much that instead of twenty-five students for a usual attendance it numbered about a hundred, or near there.

Before going, I requested Dr. Turner, of Pomona, who was then practicing in Oakland, to take charge of the Journal during my absence, which she promised to do; but the College did not approve, and the publication lapsed; and when I returned, I found that the last number, which was

partly printed when I left, had never been mailed, and lay in the printing office.

This naturally made me "nervous," and I declined to assume any more responsibility. Meantime, in about 1886, the College was moved from Oakland to San Francisco. It was found expedient to procure a new charter, and the question arose among the faculty as to the advisability of changing the name somewhat. Dr. Fearn and myself were strongly in favor of calling it the California Eclectic Medical College, leaving off the parentheses; but bossism prevailed, and we were outvoted. It became simply "The California Medical College," without any frills. The College took on prosperity, and its main lecture room was filled to its fullest capacity. However, there was no lessening of its indebtedness. The interest on the mortgage was paid, as it must have been; the insurance and taxes were paid, and the balance went for "incidentals." Great carelessness permitted one man among the faculty to handle all the funds without accounting.

January, 1891, the Journal was resurrected, with a triumvirate of editors—one Eclectic, one Allopath, and one figure-head, of somewhat vague principles. The Allopath had been added to the faculty as a grand acquisition. True, he had been expelled from an old school society for unprofessional conduct not long before this, but he was eagerly welcomed to our school by a majority vote, Dr. Fearn and myself remonstrating strongly. The Journal permitted the new management, in its first issue, to lay down the future policy of the publication. The writer puts it bravely, and evidently intends to put some new "quirks" into a bad situation. His editorial is entitled "A New Departure." I may be prejudiced, but cannot see that he had it much over "A New Broom Sweeps Clean." It is evident, however, that the intention is to make the former editor and publisher "sing small." A quotation follows:

"Progress is the watchword of the age. Stagnation is death. To flow with the tide is not enough; means of propulsion that overcome adverse winds is necessary to arrive at definite ports. The California Medical Journal has taken a new departure. It shall hereafter be independent of currents and tides as far as publishers are concerned. It has purchased a complete outfit for printing, and furnished an office in the College building, with all the necessary appliances, to publish a first-class journal.

"For the past six months the Journal has been quiescent.

It now arises with renewed vigor under different auspices, to battle for right, justice and truth, under broad Eclectic principles. It shall know no ism or pathy, but shall second progress and advancement from every source and field of medical labor," etc. Alas, for good intentions. To those who possess files of the old numbers, I suggest comparison of the old with the new.

How much this all has to do with the desertion of a large contingent of the graduates of the College to the old school ranks, cannot be mentioned, for no one knows; but the earthquake and fire leveled the College building, and left the "kicker" printing press standing, "all by its lonely," amid the ashes of the nearly defunct College.

The next heard from the College it was in good hands in Los Angeles, where it was conducted heroically, against many difficulties arising from adverse legislation, until its final abandonment.

The Journal still lives, but it is now Eclectic, both in name and principle. This is something to be proud of; for any advocate that is ashamed of what it is supposed to represent must necessarily be a "feeble sister." The damning effect of its former checkered career is, it is hoped, beginning to wear away. It at least has a policy that does not profess all things to all men, but has the backbone to stand up for its principles, even though it be with the minority. Let us hope it will live a life of loyalty to its stated principles, and that if it ever perish, it will die with firm convictions for the right.

ICHTHYOL

By Herbert T. Cox, M. D., Los Angeles

Ichthyol, or Ammonium Ichthyol, is an organic sulphur preparation which was brought to the attention of the commercial and medical bodies in 1882; Rudolph Schroter, founder of the Ichthyol Company of Hamburg, brought it to the attention of the former, and in the same year the famous dermatologist, Dr. P. G. Unna, also of Hamburg, brought it to the attention of the latter.

In the vicinity of the hamlet of Seefeld, in Austria, is mined the mineral which is a specific bituminous stone known as "oil-stone," or "stink stone." The stone occurs in veins enveloped by strata showing very perfect impressions of fish and other animals of the water type. The purest pieces are broken up into small particles, and the characteristic Sulphuretted oil known as "stink-oil" is obtained by the

application of artificial heat. For many years the crude oil was used among the surrounding villagers, where its properties were well known. This crude oil forms the base for the several "Ichthyol" products. The Ammonium Ichthyol is obtained by treating this oil with concentrated sulphuric acid, neutralizing with ammonia, and purifying.

Properties—No correct chemical formula has been devised, and its exact composition and nature is still doubtful. Ichthyol (so-called "Ammonium Ichthyol-Sulphonate" or "Sulpho-Ichthyolate") is, as nearly as can be stated, a chemical combination of sulphonated sulphur containing hydrocarbous and the "base." It is a thick, reddish-brown liquid, with bituminous odor and taste. It is soluble in strong alcohol and concentrated ether.

Incompatibilities—It is incompatible with acids, alkali carbonates or hydroxides, and alkaloidal salts, potassium iodide, hydrastis and its preparations, mercuric chlorid and resorcinol.

Physiological Action—It has been shown experimentally that Ichthyol possesses the following valuable physiological properties:

1. It is able to penetrate the unbroken skin.
2. It is a powerful vasomotor constrictor on mucous membranes.
3. It is readily oxidizable and therefore easily abstracts oxygen from the tissues.
4. It promotes the metabolism with which sulphur is concerned.
5. It possesses marked bactericidal properties.

Prof. A. Neisser, of Breslau, stated in Vienna in 1892 that "one per cent solutions of Ichthyol destroy gonococci." Undiluted Ichthyol has been shown to kill the micrococcus of gonorrhea in fifty seconds, the micrococcus of erysipelas in two minutes, and the bacillus of influenza in three minutes.

Therapeutics—It won its first laurels when put to test by Unna and his associates as an application in skin diseases, and it has stood the test of time and experience. It has been especially praised in erysipelas, eczema, acne, and urticaria. It is also useful in burns, bruises, herpes zoster, pruritus senilis, boils, carbuncles, catarrhis, rheumatism and contusions. In the above it is used in a watery or glycerine solution or as an ointment with lanum and petrolatum in various proportions for a base. The strength of the same varying from 10 per cent to 50 per cent, depending upon the effect desired. Its internal administration in conjunction with the external application is often useful. Ichthyol in doses of two or three grains is said to give relief in pruritus; and in urticaria it is most useful in gradually increasing

doses. In erysipelas it is nearly a specific, as an application to the inflamed areas. Severe forms of dermatitis venenata, whether caused by *Rhus toxicodendron* or other irritative plants, are rapidly controlled and prevented from spreading; here it may be used with water or olive oil as a vehicle, in from 5 per cent to 25 per cent solution.

In pruritus it is a very valuable remedy. Vulvar pruritus has been reported cured by application of 15 per cent ointment, after all the other usual remedies had failed. In senile pruritus a 30 per cent solution in water is recommended. A United States army surgeon reports success in cases of obscure pruritus and by introducing a tampon (once daily after a stool) of 10 per cent Ichthyol glycerine solution, if there is constipation, or with lanum if there is not. This is best done through a speculum and passed well up. In urticaria, Ichthyol and glycerine equal parts may be painted on every few hours and give great relief from the itching.

Ichthyol has been proved of great value as a local anodyne and as a resolvent in pelvic inflammations of every variety, being valuable in such conditions as salpingitis, ovaritis, metritis, peri and parametritis, endometritis, gonorrhea, puerperal inflammations, etc. In these conditions it may be used on lamb's wool tampons, of a strength of 10 to 20 per cent in glycerine. Ichthyol and glycerine suppositories are put up by many firms which are convenient for the patient to use at home.

Ichthyol is also useful in genito-urinary diseases of the male. In prostatitis it is used in 10 per cent aqueous solution for rectal injection several times a day, or in suppositories which are inserted two or three times daily. It is also used in urethritis and orchitis.

It is highly recommended in many conditions of the eye, nose and throat, being highly recommended in atrophic rhinitis. It also has been employed with some success internally in pulmonary tuberculosis, chronic bronchitis; also in cases of intestinal putrifactive toxemia as an intestinal disinfectant; dose three to five grains in capsule or euteric pill.

One of its greatest fields for application is in rheumatism, arthritis, sprains, contusions, ulcers and burns.

Objections to Ichthyol are that it stains linen and possesses an unpleasant odor. For deodorizing Ichthyol for external use, the addition of one part each of oil of bergamot and oil of eucalyptus to fifty parts of Ichthyol has been recommended. Ichthyol stains may readily be removed by boiling the fabric in soap and water, or by washing with soft soap.

THE MENTAL DEFECTIVE

W. E. Postle, M. D., Shepard, Ohio

It would be difficult, if not impossible, to set up a standard by which all human minds could be judged on the question of sanity or insanity; of mental effectiveness or defectiveness, because there must be left such a wide latitude of variation in mental powers of minds that we recognize as sane and competent. A mind may be (to use general terms) broad and strong and sane; it may be small and narrow and still remain sane, as in the case of the uneducated man of our lowest classes, whose mind, though untaught, is still sane as the mind of the educated statesman; so there can be no rule, fixed and fast, by which minds can be judged, except the general rule that the mind must be able to govern and direct the body for its own best interests; and to harmonize its own activities and ideas with the activities and ideas of other minds. In other words, it must have a proper association of ideas.

The association of ideas is one of the tests of mental balance. The ability to receive and properly associate the different items of information and impressions communicated to the mind through the agency of the five senses is a mark of the amount and quality of mental development. Judgment is formed in the associate idea centers, and if judgment or conclusions be not logical, then the mind is not working properly. Applying this rule, or test, we find a certain proportion of the minds of a community will not measure up to the standard. In times past we have applied such names as insanity, imbecility and idiocy, as terms descriptive of the condition present.

The term "insanity" is generally accepted as applying to cases that have lost, either temporarily or permanently, their mental balance; while idiocy and imbecility are considered as belonging to cases of congenital mental weakness. A more careful study and closer observation has brought into use another term to describe a class that does not seem to belong under either of the above designations and that, too, a class that probably outnumbers some of the others.

This class is probably best described under the term "mental defective." The mental defect in **these** cases is probably always congenital and shows as early in life as any effort is made to train or educate the child. In this group we do not wish to consider idiots or imbeciles, as these are all of too low a type of mentality for our discussion, but we will consider only those children who, while possessing some men-

talities and some ability to learn, are still so far below the average in this respect that they must be classed as defective. The child with a mind of this grade may be ordinarily vigorous and healthy, or at least show few physical stigmata of mental defect; but as he grows older his mind, feeble and inefficient as it is, fails to develop or keep pace in development with his body. In other words, while he may physically develop approximately with the standard of his years, his mentality will progress so slowly as to be out of all proportion to his size and age.

Children of this type in our common schools are found in the lower grades and never seem to be able to master enough of their tasks to pass to next grade, except after long and repeated efforts, and, in many cases, these children drop out of school because they will not associate and recite with children so much smaller than themselves. For this reason many of them manage to obtain but a meager education. In other instances the mental defect does not preclude the possibility of acquiring an education, but shows itself along other lines, particularly along lines of moral conduct, and the boy or girl develops traits of dishonesty or untruthfulness, or immorality, or unreliability along some other line.

As these persons grow older and begin to develop into manhood and womanhood, the mental defects become more apparent, and, while many of them are self-supporting and lead lives of quiet, plodding, commonplace industry, many others develop traits of character that make them a positive menace to society. During the ages of from eight to eighteen they evidence the traits of incorrigibility, ugliness of disposition, dishonesty, untruthfulness and often of cruelty to other children. In the school, dullness, disobedience, untruthfulness and truancy are marked in nearly all of these children. As they grow older they are often found in the juvenile courts, and, in many instances, the boys are sent to the Reform Farm, or the girls to the Industrial School. In later life the girls **may** be found in houses of prostitution, or following other dishonorable means of making a livelihood; the boys given to petty thieving, gambling in a small way, loafing or tramping through the country as professional tramps, or making a livelihood in any other way than by steady application to honest work, so that a considerable percentage of this group of mental defectives is likely to become a nuisance to the community. A great majority of the criminal class undoubtedly belong to the mentally defective group, and moral delinquents, who have no conception of the enormity

of their moral misdemeanors, are undoubtedly mentally defective.

The chief etiological factor in this mental condition is heredity. From 80 to 90 per cent of cases can be traced directly to or through the parents, while the remaining cases are doubtful on this point or can be traced to accidents of birth, toxic diseases and other causes. The laws of heredity are not entirely understood and many unaccountable variations are found in children of the same parents. Genius, it is said, has neither ancestry nor posterity, but is an accident of birth. In a large family of children there is likely to be one or two mentally brighter and more vigorous than the others, and, conversely, there is sometimes one child that is mentally dull and not at all the equal of the other members of the family in mind power. No one has yet offered any satisfactory explanation of these variations, except that they may be due to the variations of health, vigor and vitality in the parents.

The children of one father and mother will inherit qualities from both. In most instances the characteristics of one parent will predominate, and in a family of several children there are certain to be some who will take more strongly the characteristics and traits of the father, while others will inherit more strongly from the mother. These traits may be physical or mental; they may be normal, abnormal, or defective. If one or both of the parents be mentally defective, how shall it be possible that the children shall be mentally normal? A father who has been a sufferer from dementia precox can hardly give mental or physical vigor to his children; or a mother who is a congenital mental defective will scarcely, even when mated with a strong, vigorous man, produce a family of children that are all mentally normal; and these children, growing up and marrying, will produce another generation of defectives. The history of the notorious Jukes family, traced throughout several generations, is a good illustration of this point. The descendants of this single couple number hundreds of criminals, tramps, prostitutes, idiots, and other mental defectives.

It is not to be reasoned from what has been said that we wish to class all criminals, all prostitutes, all tramps or all delinquents of any kind, as mentally defective in the ordinary sense of the term. Many of these persons show considerable mental ability—at times amounting to almost genius—but there is always, in such cases, a blunting or a perversion of the moral sense, and we have again to call attention to the

evidence of an improper association of ideas. The sane, well-balanced mind gives due consideration to the rights of others, and gives proper association of this idea with ideas having to do with his own rights. The moral pervert has no clear conception or well-grounded principles of right regarding the law of morals. The rule of life with this class of persons is to do as they please, regardless of the rights or comfort of others.

In considering the question of etiology, next in importance to heredity will come environment, and by environment we mean family and home influences and surroundings, education and training, food, work, recreation and companions. While none of these things have so far-reaching an influence as heredity, they may greatly aid or hinder in the development of traits of character that go to make up the future of the individual. For instance, it is a much discussed question as to the exact influence exerted by a drunken father upon a family of children. Many will say that the children of such a father are sure to inherit a weakened and disordered nervous system and lowered vitality and a greatly decreased chance for mental and physical strength through life, attributing all to the damaging effect of alcohol upon the physical system, and point out that many of the children of such parents become drinkers or loafers or mental defectives. On the other hand, it is claimed that the most direful effect of alcoholism in the parent comes from the fact that such children are reared in poverty and want and even in squalor and wretchedness, without sufficient food, improperly housed and poorly clothed, brought up in surroundings where every moral sense is blunted, where the natural affection for the parent is destroyed and the development of the child's mind perverted and turned into improper channels. Let either or both of these theories be true, as they probably are, they are only examples of what environment may do for a mind which needs careful protection and development. A child that is reared in an environment of quarreling and bickering, of vulgarity and profanity, even if not in poverty, has little chance to develop the best mentality of which he might be capable. It is true that children with naturally bright minds, in even unfavorable environment, often grow up to be good and useful citizens; but the child with a mind that is easily impressed and of no great ability, often fails to rise above the level of its environment; and if to this unfavorable environment there be added a slight degree of mental defectiveness, how much more im-

possible it becomes for the child to attain to anything better than the condition of the parent.

Causes, other than environment, are due to either disease or injury. Certain toxic forms of disease will produce mental enfeeblement, such as infantile paralysis or infantile hemiplegia. Epilepsy in children is responsible for many cases of mental deficiency. The various forms of epilepsy produce a wide variety of mental disturbance. To such an extent is this factor recognized that it is almost impossible to convict an epileptic of crime, as he is regarded in most instances as of doubtful mental responsibility.

It is recognized by the medical profession that, for this state of mental defectiveness, there is no cure in the sense of procuring a development of normal mental power. Most of these cases are, and must always remain, a problem of care and treatment on the hands of the family, their friends, or the State. The big problem of the present and of the future in sociology, criminology, eugenics or race betterment and all associated ideas, is, can anything be done, or, what shall be done, along the line of management and prevention? In the past, nothing has been done in this way, and these boys and girls have been growing up, marrying and reproducing their kind and keeping up the supply of moral and mental degenerates and criminals. The State has done nothing except along the lines of punishment or control of the individual.

The history of such children in the past has been about as follows: They have played truant from school and been brought into the juvenile courts by the truant officer, or for other petty causes or offenses have been arrested at the instance of parents or family and been presented in the court to be disposed of. Sometimes their offenses have been rather insignificant, sometimes of a gravity almost to amount to crime, but the continued indulgence in their propensities for mischief make it necessary to put them under some restraint. The usual procedure has been to send them to houses of detention or to reformatories. In these institutions it has been shown that some of them learn new lessons in crime and misdemeanor and are discharged worse, morally, than when they entered. A few years ago the "Big Brother" plan was tried in a number of cities, and, while undoubtedly it succeeded in some instances, it probably never succeeded in the mental defective.

It would seem that neither punishment nor reward will accomplish, in these cases, the desired result, and the reason

of the failure is probably to be found in the fact that the mental condition of the boy or girl is not sufficiently taken into account. There is, and can be no reform, in the moral sense of the word, for this class of delinquents, because there is not present the mental basis on which to build reform. Reform has to do with changing and raising of the standard of morals and ideals, and these defective boys and girls are not capable of these changes, and for this reason we, too often, begin at the wrong time of life to effect any reformation, or any improvement in the patient's character.

Those who have given the question careful study and are entitled to speak intelligently on the subject, assure us that among the things that should be done for children, such as we have tried to describe, the most important is an early recognition of the presence of the mental defects, in order that the education of the child may be given proper direction and proper efforts be made, to secure as high a grade of mental development as possible; that the child be placed in proper environment and kept under observation and training, with the object in view of raising the mentality to the highest possible level. It were far better that the State provide for the care and attention of these mental defectives rather than let them grow to increase the ranks of the dependents, the defectives, the immoral and the criminal. Let them, if necessary, always remain under the control and supervision of the State, to the end that they may not be allowed to marry and reproduce their kind, or have absolute freedom to wander about as vagrants or beggars, or in other ways become a menace or nuisance. They need not be confined in an institution, but may be kept simply under supervision.

In some of our larger cities the juvenile and delinquency courts are employing the mental tests with boys and girls who are brought before them, to determine if they be of the proper intelligence to be mentally responsible for the acts for which they have been arrested, and in a surprising number of cases it is discovered that the boy or girl presented is mentally defective to a considerable degree. These tests cover a wide range of mental activity and are scientifically and accurately graded for the different ages of children. All the different qualities of the mind are tested—memory, judgment, ability to count, to read, to speak or pronounce correctly, to add or compute in numbers, and to copy or to draw simple figures. In fact, the endeavor is made to cover the wide range of boy or girl mental activity. A standard is set for each year of age, and, by a system of averages

and points, the mental age of the person is discovered. Many a boy of fourteen will be shown to have the mentality of a boy of eight. This, of course, shows his mind to be sub-normal.

By the use of these tests, several important things are determined. First, the amount of mental development attained in the child, and the bent of mind and direction in which this mentality shows best development. On this basis, the future education and training of the child is begun. If the mental tests show the child possessed of enough mentality to receive education and training, he can be placed in a school, or community adapted for that purpose, but if the mentality be of so low a grade as to make efforts at real education out of the question, the child may be placed in proper environment to make its development into maturity free from the risk of having it fall into the ranks of the criminal or moral defective.

It is not necessary to enter here into a description of the Birét test, or of other point tests, except to say that they are scientifically arranged and fairly accurately adjusted to the different years of child life; and the task of discovering by means of their use, the mental status of the child, is rendered simple, though by no means easy. The application of these tests requires careful study, patience and perseverance, as well as adaptability to the work in hand, but a proper classification of these cases is impossible without some such means to determine the mental state and possibilities of the child.

In connection with this test there is given each child a thorough physical examination. In some instances physical defects are found which profoundly affect the comfort and even the character of the child. The presence of eye defects, or defects of hearing, are often accountable for a pupil's seeming stupidity or dullness. With these defects properly overcome, such children, in some instances, will show rapid mental development. The presence of adenoids, enlarged tonsils or a phimosis, will give rise to troubles that must be corrected before we can hope for any betterment in the patient's nervous or mental condition. The presence of systemic disorders, such as feeble digestion and assimilation, anemia or other disease conditions, are carefully looked for, to the end that every possible contributing factor to the patient's health and comfort shall be thoroughly examined and its condition determined. Added to this, an investigation of the child's home environment is made, so that it may be

clearly understood under what advantages, or disadvantages, the delinquent is placed in his everyday life. As a result of this thorough investigation and examination, the physical ailments are given proper attention; the unfavorable elements of his environment are overcome, so far as possible, even to the extent of changing the child's residence, or placing him in a different family, or in a community or school suited to the purpose in hand, so that all sources of unnecessary irritation and annoyance are taken out of the child's life and he is given a pleasanter, happier existence.

His education is followed out along lines that will give development and training to the mental faculties that show ability for development. For instance, a boy may show no ability whatever in mathematics or languages, but may have a mechanical bent of mind that will permit of a considerable degree of development, and his education along this line will serve to occupy his mind and make life a pleasure to him, and give him development enough to become a contented and useful citizen; whereas, an effort to educate along the line of mathematics or languages would be a failure and cause the boy to give up all efforts at study, to take to truancy and to idleness, because his daily life was so distasteful; and truancy is the beginning, usually, of bad associations, bad habits, bad morals and a wasted life.

It will sometimes be discovered that change of occupation and environment only are necessary to keep a delinquent boy from growing into a bad man. Some of these boys are taken from the atmosphere and influence of city life and placed upon the farm, or the ranch, where they find life more congenial to their tastes and where the tasks imposed are more nearly within their limitations, and, adapting themselves to their new conditions, they become quiet, orderly, honest citizens. Study of this subject and investigation and examination of these cases, has demonstrated that agreeable employment, in the proper environment, has much to do with developing, properly, the boy or girl mind. In this, we speak of the cases of mental deficiency that are of the higher grade. They should be more properly termed "mental delinquents," as their deficiency is not of so great a degree as to preclude the possibility of a reformation of character.

The question still remains, however, of what shall be done with the mental defectives who are not capable of this mental development and education. They can not be classed as idiots or imbeciles, for they are too bright for that. They can not be classed as insane, for their minds are not enough

disturbed to put them in that class. They are mentally defective only to a degree. Most of them have no conception of the moral law, or, at least, their powers of resistance in any question of right and wrong are very feeble, and from this class comes many recruits to the great army of tramps, beggars, thieves, prostitutes, and other undesirable characters.

For those who have already grown up to years of maturity and joined the ranks of these undesirables, there is no hope, but for the children of today and of future generations much can be done. The backward boy or girl should be carefully examined as soon as it becomes evident that he is not, mentally, doing the work for his standard of years. His condition should be carefully investigated and the cause of his delinquency rightfully determined. If the cause be physical, it is within the province of the physician to correct it. If it be environmental, it is within the power of the community or State to give the proper remedy. If it be purely mental, it is within the power of the community or State to place such a child in a school or institution scientifically adapted to the instruction and development of such children. It is within the right of the State to assume an oversight of such children, to see that their lives and surroundings, their education and employment, are such as will develop all that is good in them, and to hinder the development of undesirable, dangerous and vicious qualities. All this on the principle that the State has the right to take care of those who are not mentally capable of caring for themselves, and of preventing the propagation of defectives, criminals, and other undesirables.

In the matter of prevention it would seem that the State might well take steps to prevent these mental defectives from marrying and reproducing their kind. Some States have attempted to pass and enforce laws touching this point, and there is little question that, in all States, there will come to be laws restricting the right of marriage as touching this class of persons.

With respect to person, some of our States have passed laws legalizing the unsexing of men or women suffering from certain forms of mental defectiveness. It is a question how far public opinion will support this course, but there can be no question as to the adequacy of the remedy. Castration would, undoubtedly, greatly diminish in numbers certain forms of delinquency in the individual and would prevent the possibility of descendants. For instance, imbeciles, at

about a certain age, begin to follow the practice of masturbation, and, of course, follow it to excess, upon which a mental deterioration sets in, which lowers the child's already weak mentality to a very serious degree. The practice of masturbation is only too common among weak-minded children of both sexes, and the continued practice of it is often held responsible for mental deterioration. This is probably an error, as masturbation is a result, rather than a cause, of mental defect. Castration could scarcely be anything but beneficial to the individual in many of these cases. The sexual pervert who commits assault, with rape and usually murder, would be effectually cured of this criminal tendency. Not many weeks pass that the daily newspapers do not bring to our attention instances of appalling crimes committed by this type of mental defective. And who can say that castration would not be an effective, as well as a just and proper remedy in these cases, or for any man in whom the sexual passion gets beyond his control?

Vasectomy is the most recent surgical remedy offered for these sexual perverts, but, while the effect on coming generations might be beneficial, it certainly does, and can do, the individual no good at all, but rather the opposite.

The evidence elicited at trials for moral degeneracy, in many cases, is truly startling. The frequency with which instances appear of fathers violating the chastity of their daughters, and maintaining sexual relations with them, or of girls, only children, making a business of soliciting men, and of the unspeakable abominations to which women resort, and of the absolute lack of morals among numbers of boys, go to show to what an alarming extent mental degeneracy involves the moral sense. The disgusting stories told by these girls upon the witness stand show to what depths of depravity even reputable business men can sometimes allow themselves to sink. It can be said there must always be two parties to the sexual transaction, but in such cases as above mentioned it will be found that at least one party, if not both, is a victim of mental defectiveness, or, as generally expressed, degeneracy. Instances of degeneracy along the lines above mentioned are not, by any means, rare in the delinquency trials, but are of frequent occurrence. Files in these courts also disclose the fact that in many instances the quarrels between husband and wife and the resultant trial for divorce have their real cause in mental defectiveness in one, and sometimes both parties to the suit.

Proceedings in our criminal courts often go to show that

the prisoner at the bar has always been known to be of a peculiar mental turn; to have done unaccountable things; to have seemed to be irresponsible in some ways. In other words, to have been always a mental defective. Indeed, it is a question whether any man or woman, who habitually follows a criminal or dishonest life, can be shown to be normal, mentally, and the question is, how far shall they be judged mentally responsible?

The genus hobo, or common tramp, is, usually, a mental defective. He prefers to dress in rags; to exist in filth and live wholly void of object or purpose; to endure the contempt and scorn of all men rather than devote himself to earning a livelihood. The same may be said of the beggar.

The common prostitute is often such from mental rather than from moral reasons, and her prototype is found among the erotics of the opposite sex. These persons are not immoral, they are simply unmoral. They have not violated their moral ideals, since they have no moral ideals to violate. Petty thieves, pickpockets and sneak thieves are usually such from mental perversion rather more than from environment, while no one will claim that pyromania and kleptomania are due to other than mental defects.

The habitual criminal is an example of the criminal mind. He follows a life of hardship and usually of poverty. His living is a precarious one, and the dangers and risks attending his profession are such as would deter a man of well-balanced mentality from following such a life; but in the active years of young manhood and young womanhood these abnormal mental impulses seem so strong that these weak mentalities have no power, and, indeed, no desire to resist them. When we remember that nearly all active criminals of the so-called higher class, i. e., highwaymen, bank robbers, burglars, train robbers and bandits, are young men, often scarcely more than boys, and that lower criminals commit less hazardous crimes, it will be seen that the criminal impulses of man are most active in the years of his early manhood, and that, with advancing years, he grows more quiet, or, we might say, more stable and less inclined to the active phases and daring feats of this business. This is a perfectly natural mental evolution and may be seen in the majority of minds everywhere, sane and insane.

The question of what shall be done about it all resolves itself into a series of questions. First, with respect to the mentally defective child—his mental status and possibilities. Let an examination be made in order to learn his mental

capacity and to discover a mental aptitude in any particular direction, that this may give a trend to his future education and development. Many of these children may be benefited by special work and supervision by competent persons along the line in which they show their best ability; for, though they are not able to receive a general education, they will be greatly benefited by training along some special line. As these children grow older this supervision and oversight will, in most instances, be necessary to make them persevere until they have reached an age of some stability and formed habits of industry and proper self-control.

The question of treatment or care of adult cases of mental defectiveness is one of the most difficult of all. What shall be done with those persons who, having arrived at years of maturity, have inclinations and impulses which, if allowed to influence and direct their lives, will make of them characters that will prove a nuisance, or even a menace to the community in which they reside? To be sure, there will be harmless cases that go about our country as vagrants and beggars, or following other useless or vicious habits, who seem to be hardly worth while spending time or energy trying to improve, but whose pitiable state might, in most instances, have been prevented, or greatly ameliorated, had proper steps been taken in their childhood.

But what shall be done with the criminal cases, and the adult moral delinquents? In times past there has been but one answer to that question and that has been, punishment. And we might say that today the answer would be punishment and reformation. The thief, who, upon his trial, is shown to be an habitual criminal, is sentenced to a more lengthy term of imprisonment, and, depending upon his age, is sent to a reformatory or to a penitentiary. Years ago, the idea of punishment in a penitentiary was followed out by making the life of the prisoner hard and unpleasant, that he might be made to bitterly regret his crime. Indeed, it was announced as a principle of prison punishment that the more harsh and dreadful the punishment, the more fear or terror it would incite in the mind of the criminal. In later years, harsh treatment has given place to more humane methods, and many good men and women have labored earnestly to effect a reformation of character in these unfortunates that they might go out from the prison better qualified to live among their fellow men. A little study of criminology along psychological lines will show that most of these unfortunates are criminals from mental defect rather than from

deliberate choice, and, therefore, neither punishment nor reward can be depended upon to accomplish much in the way of reformation.

For the good of the community and for all concerned, it would certainly be better to let the State continue to exercise controlling supervision over criminal delinquents after they are discharged from reformatory or penitentiary. Let them be given employment and the means of honest livelihood and be safe from the influences of old companions in crime. Let there be given opportunity for those desiring to reform, and active supervision kept over those still needing it. This supervision may be discontinued as each individual case shows that it is no longer needed.

What shall be the treatment of the moral delinquent, i. e., the sexual moral delinquent? At present there seems to be no answer to this question that is likely to be accepted by any community or State. Shall these sexual perverts be unsexed and their desire or power for intercourse be taken from them? To this question many will say, yes, arguing that for the individual much benefit will be derived, while no one can dispute the good that would accrue to the community at large, as well as to posterity; but at present the great majority would answer this question with an emphatic no; that this would be a dangerous power to place in the hands of any man, or any committee, or any community, and that great harm and injustice might be done in many instances. Also there seems to be an inherent belief that no community or State can claim the right to violate the person of any citizen.

The need of control and management of these defective persons is becoming more apparent every year, and the feeling that something must be done is constantly growing stronger. To allow mentally defective men and women to marry and raise families of defectives is surely very unwise. To allow sexually degenerate men to go at liberty, with the possibility of the crime of rape or outrage always latent in them, seems foolish, indeed; and to turn known criminals loose upon the public, as is done every day by our prisons, knowing that they will at once return to a life of crime, would certainly seem the wrong thing to do. There must be a better way to manage the mentally defective, who, since he is not competent to manage himself for his own best interests, must be managed by family or State.

For the child, let there be an early recognition of his defects and let him be educated and developed accordingly,

that there may be no opportunity for the development of criminal tendencies. If the defect be of a moral nature, or be of a sexual character, if unsexing the individual will give the best results, as it certainly will to both individual and community, let that be done. A careful and rigid following out of this plan for one generation would certainly produce the most astounding results in the reduction of these dependent classes. For those who have already arrived at adult age, little can be done, except to maintain supervision and control where necessary, to the end that their criminal activities may be greatly lessened. These persons should not be shut up and kept in idleness. "The idle brain is the devil's workshop." In no other class of persons is the truth of the old saying so plainly exemplified, in both children and adults, as in this. If these persons are idle very long they will invariably get into mischief.

The physician will be called upon to render a most important service in these matters, both in our schools and in our delinquency courts, to the end that intelligent action may be taken and the best interests of these children conserved. This course has already been taken in some countries, and in some States of America, and it behooves us, as intelligent and educated physicians, to be prompt to take hold and give our assistance in this mighty work.

The American Citizen who does not subscribe to the Liberty Loan may defeat its flotation, in consequence may find himself in a position to contribute many times as much to German Indemnity Loans later on, for the Allies must win or the United States pay a huge indemnity.

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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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HOW ABOUT YOUR COLLECTIONS?

We assume that the reader is dissatisfied with his collections because the few who are otherwise only go to prove the general rule. Each of us is anxious to do better. But alas, even as no medicine is equally efficacious with all patients, so also is one scheme of collections equally unapplicable to all patients. The patient is apt to look upon both as a personal matter and as such it may require personal attention. Still a method of procedure is desirable, and if a doctor, adheres closely thereto, in time it becomes a recognized part of his practice. In the cities a man receives a bill on the first of the month from the butcher, the baker, and the candlestick maker; and there is no good reason why he should not receive one from his doctor as well. Also it is necessary to follow it up by some means, because many of them have no property and they can easily lose themselves. To be sure it is more certain to collect as you go along, but this is not always feasible.

In the towns and country the people are rooted in the ground and remain in one place at least for a season. Also

each patient is known in his community and has a reputation which it is possible to learn. And while it is true that a man's character and reputation do not necessarily coincide still a working basis is afforded. A person who has established a reputation for honesty is entitled to great consideration. On the other hand a person who has established a reputation as a "dead beat" should be shunned, even though he come with honeyed words on his tongue and silver in his hand. A real doctor is no match for such a man. Beware of the new patient who comes denouncing your competitor, and collect from him in advance. Should he fail to return you will be doubly fortunate. The poor we always have with us; but collect something. They will respect themselves all the more. Paupers should be sent to a public hospital without delay unless you are working for experience. In such event you have no right to charge those who can and will pay for a like service. Any man who values your services will try to pay you when you insist upon it. A reputation as an "easy mark" spells financial disaster.

BALDNESS

Cobb in an original article contributed to the New York Medical Journal of June 26, 1909, on this subject, says that every possible moment that the head can be relieved from the pressure of the hat should be taken advantage of, especially when playing golf, or horseback riding, or when in the automobile. A great many golfers go hatless, with the idea that the hair is improved by ventilation and sunshine. Undoubtedly it is improved in this manner, but the prime secret is in not wearing the hat at all. The ventilated hat will not prevent baldness, if this same hat is worn tightly fitted down on the head. The greatest care should be exercised in selecting the right kind of hat, if such a thing as the right kind can be had, which is doubtful. All stiff, rigid hats should be very light, and one should select a size larger than the head measurement calls for, and this oversize can then be comfortably corrected by inserting a few felt strips underneath the hatband. This gives a soft, cushion-like effect to the hatband, makes the fit just as comfortable, and in a great measure prevents the constricting zone at that portion of the scalp.

Ingenious men are continually contriving new kinds of shoes, new suspenders, and hundreds of different kinds of

braces, but so far no one has taken up the idea of making a hat which will hold on the head and not blow off, and at the same time not bind the head all around like a constricting band. Some one ought to invent a hat which will prevent baldness, though the idea will probably not become popular because there is more money in hair tonics and hair restorers, and fake electric massage apparatus, than in some new kind of a hat which will prevent the disease. Hundreds of remedies are on the market which are advertised as sure hair restoratives, but not one of them will bring back one hair once the hair follicle is atrophied and functionless; nor will any of these remedies prevent the falling of hair unless the habits of the sufferers are changed. At best, these remedies are merely skin irritants, which promote a slightly increased flow of blood to the scalp. Dandruff cures are mostly fakes, pure and simple. The only good in the world accomplished by these medicaments is the scalp massage indulged in while applying them, and the general practitioner should make a strong fight against their use.

The time to cure baldness is before it begins. Every man should devote a short time before he goes to bed, and after he gets up in the morning, to scalp massage, which he can apply himself. During the brisk friction he should grasp his hair in handfuls and draw the scalp back and forth many times, to make it slide over the skull. That will prevent binding and thinning of the scalp and preserve the cushion of fat on the top of the head. It will also pull out the loose hairs, which shed naturally, and which are quickly replaced by a more vigorous growth. A woman in combing her hair cannot help pulling her scalp back and forth, and this very necessity, which she cannot prevent, is the salvation of her most beautiful and most precious adornment. The hair should be worn as thick as nature will allow it, and long enough for the cut ends to extend below the hatband zone. Such a hair cut, or trim, is far more becoming than having one's hair cropped off close to the scalp like a prize fighter. Many of the electric and vacuum massage apparatus are good enough in their way, but not so good as one's own hands; though, if one can afford it, additional massage given by trained hands, or by a good machine, is a luxury that will lessen the number of headaches and wrinkles, and pay one in end results—that is, if he values his personal appearance, and certainly the bald-headed man is not handsome at his best.

But all these personal attentions will be futile unless one

uses the greatest precautions in wearing the hat. Every few minutes when outside, the hat should be lifted from the head and gently replaced. The hat has a tendency to settle down on the head very snugly, and the indentation from the pressure of the hatband is quite noticeable on the forehead. Hats like the stiff straw, which are easily blown from the head, should never be worn at all, for in spite of oneself such a hat will be jammed down on the head actually tight enough to seriously impede the scalp circulation. Tie a string around the finger never so lightly, and watch the effect on the circulation in the end of that finger; in like manner demonstrate in one's own case the surprising amount of pressure exerted on the scalp by the careless manner of wearing the hat.—The Therapeutic Gazette.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., 1410 W. 16th St., Los Angeles, Secretary.

NEWS ITEMS

Dr. Harriet McGraw, who has been in Los Angeles for the past eight months, has returned to Lincoln, Nebraska. Her plans are undecided, but she may return in the fall.

Dr. W. B. McMakin, Camas, Wash., called recently at this office. He had been East on account of the death of his mother, and was returning to his home by way of Los Angeles. Dr. McMakin was located for some time in Long Beach, Cal., and this portion of the state has many attractions for him.

Dr. H. T. Webster has gone to Monticello, Napa Co., California, for the summer months, and may be addressed there.

Dr. O. C. Welbourn, accompanied by Dr. P. M. Welbourn and Miss Mathis, Superintendent of the Westlake Hospital, drove to Santa Barbara to attend the annual meeting of the California Medical Society. Dr. Welbourn drove his new automobile, a National Twelve.

Dr. and Mrs. T. C. Young, Glendale, drove their Paige automobile to the California Eclectic Medical Society meeting in Santa Barbara. Dr. Young demonstrated before the society a new anæsthetic mask which he has invented.

Dr. and Mrs. H. T. Cox, Los Angeles, motored to Santa Barbara to attend the California State Eclectic Medical Society. They were accompanied by Dr. and Mrs. A. P. Baird of Eagle Rock.

Dr. J. A. Munk, Los Angeles, made the trip to Santa Barbara by automobile, and presided at the meeting, in his usual tactful and forceful manner which always assures a successful meeting. Dr. Munk has retired from practice, but his colleagues absolutely refuse to allow him to extend his retirement to cover the different societies in which he has been the leader for so many years.

Dr. J. C. Bainbridge of Santa Barbara, was the gracious host for an automobile ride to all those attending the meeting of The California State Eclectic Medical Society. The ride included the many attractions of Santa Barbara and the surrounding suburbs, and was greatly enjoyed by the visitors.

Dr. H. C. Smith, Glendale, was elected President, Dr. H. T. Cox, Los Angeles, Recording Secretary, Dr. A. P. Baird, Los Angeles, Corresponding Secretary, and Dr. J. A. Munk, Los Angeles Treasurer, of the California State Eclectic Medical Society, for the coming year. The next meeting will be in Los Angeles.

The Southern California Eclectic Medical Association was called to order on ay 25, at Santa Barbara, and it was decided to adjourn until October. The exact date and place of meeting will be announced later. This plan of having the meeting of the Southern California Society in the autumn is one which has been considered for a long time and is certainly a wise plan.

The May meeting of the Los Angeles Eclectic Society was held at the offices of Drs. Welbourn. Dr. H. E. Stroud gave a very comprehensive and interesting talk on certain conditions which are often found in the feet. If it is possible to persuade Dr. Stroud to put his remarks in writing we will publish them for the benefit of the large members who were not present. The attendance was unusually large.

The California State Eclectic Medical Society met in Santa Barbara, at the Hotel Potter, on May 24, 25, 26, 1917. The attendance was the largest and the enthusiasm the greatest that we have seen in years. There were a great many interesting papers read which brought out lively and profitable discussion. All the papers which were presented will be published in the Journal, not all at once, but some in each issue of the Journal throughout the coming year beginning with the July issue. To be sure and not miss any of these papers which many of you will want to file away for future reference you must see that your account with the Journal is in the proper condition.

Dr. Blanche Bolton is visiting with her parents at San Gabriel for a few weeks, but will leave for a visit to Arizona in the near future.

Dr. W. E. Smith has returned to his home in Whittier, convalescent from his recent operation which was performed at the Westlake Hospital in Los Angeles.

Dr. Hanna Scott-Turner of Pomona has been critically ill for some time with erysipelas, but is doing nicely now. She was under the care of her Pomona colleagues, but Dr. O. C. Welbourn, Los Angeles, was called in consultation. Fortunately Dr. Turner's nephew, Dr. Stoneman, Craftin, Pa., was in California at the time of her illness and spent some time at her bedside.

The women members of the California Eclectic Medical Society kept up their usual percentage of attendance at the state meeting. Among those attending from Los Angeles were Dr. Laura Rauch, Dr. Ella Caryl, Dr. Augusta Stone, and Dr. Pina Welbourn.

Dr. G. W. Greenwell, Los Angeles, attended the meeting of the California State Eclectic Medical Society in Santa Barbara, and to his untiring work as Secretary of the Society is due much of the success of the meeting. Dr. Greenwell will write a report of the meeting for the next issue of the Journal.

Dr. H. V. Brown, Los Angeles, the Eclectic member of The California Board of Medical Examiners, was in attendance at the annual meeting of the California State Eclectic Medical Society in Santa Barbara. Dr. Brown and Dr. H. C. Smith, Glendale, made the trip together. Dr. Smith presided at the meeting of the Alumni of the California Eclectic Medical College.

Died: Thomas Stanley Hodge, Torrington, Conn., aged 69; formerly president of the Connecticut Eclectic Medical

Association; Secretary of the Connecticut Medical Examining Board; died at his home, April 20, 1917.

Died: John W. Harvey, M. D., Chico, California; graduate of the California Eclectic Medical College, 1887; died in San Francisco, May 2, 1917.

Dr. and Mrs. G. W. Harvey, Fillmore, Cal., drove to Santa Barbara to attend the meeting of the California Eclectic Medical Society. Dr. Harvey took an active part in the discussion of papers, especially regarding *materia medica*.

Dr. Oran Newton and Dr. E. R. Harvey, Long Beach, were unable to attend the State Meeting in Santa Barbara, but both prepared papers which were read.

The Obstipation-Stasis-Autotoxemia Syndrome is complex in its aetiology as well as in its nosology. Anything that interferes with the calibre of the gut, or with the free passage of intestinal contents through the tube, results in a difficult passage of the bowel contents along the intestinal canal—obstipation.

This may be a ptosis, or displacement of the gut at some point, a kink, abnormal sagging of suspensory structures, or dislocation of some part of the tube. This, together with abnormal dryness or lack of lubricating mucus, due to disturbance of the intestinal mucus glands, results in stagnation of the current, stoppage in many instances, a damming back of the current—stasis.

As a result of these influences, opportunity is given for increased bacterial or chemical action, the production of an abnormal amount of toxins of unusual virulence, irritation and disturbance of the filtering or protective action of the mucous membrane and resulting absorption of increased quantities of poisonous material—autotoxemia.

As a result of so many factors working more or less interdependently, is the establishment of the syndrome—a complex group of any symptoms, that may simulate almost any disease or diseased condition met with in medicine.

Furthermore, these conditions, if allowed to go uncorrected, may, and often do, aggravate or cause serious, even fatal disease.

The ideal treatment for such conditions is lubrication. The ideal intestinal lubricant is Interol, because it comes close to Nature's own lubricant—mucus—in that it lubricates without stimulation, irritation or enervation. Being non-absorbable, it lubricates "all the way." On account of its characteristic lubricating body, it efficiently mixes, spreads and clings in the intestinal tract, and unless too much is administered, it does not separate from the feces it lubricates and keeps soft. It does not "ooze"—"per se."

The California Eclectic Medical Journal

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Original Contributions

HYSTERIA

Dr. Oran Newton, Long Beach, California.

Read before the California Eclectic Medical Society.

It is almost impossible to give an accurate definition of hysteria, because so many symptoms are included under it. It is, however, an altered mental condition resulting from inhibition of mental processes in which the normal relation of thoughts and ideas, and of the bodily functions that ordinarily occur in daily life, are distorted and interfered with.

It is a distinct disturbance of the general nervous system and a grave one, and should not be spoken of and considered lightly—a habit which is only too prevalent not only among the laity but among medical men as well. The reason for this is because its principal symptom is suggestibility, and that many of the symptoms can be alleviated by persuasion.

Predisposing and Exciting Factors

Especially is it true in hysteria that a neuropathic tendency dependent upon heredity is an important predisposing factor. A very large per cent of all cases of hysteria occur in families of neurotic tendencies, such as epilepsy, insanity, chorea, migraine, neuralgias and allied conditions. In the majority of cases there is a history of nervousness in early life, and of such diseases as chorea, tic, or of a more or less unstable physical and mental childhood.

Again, in others there is no appreciable cause. Sudden fright is perhaps the most frequent exciting cause, and this is especially true of the victims of railroad and other accidents, in which it is not so much the physical injury as the mental impression that is the important factor.

Sex

It is much more common in women than in men, about nine hundred and fifty cases out of every thousand occurring in females, although serious cases have been seen in the male.

Age

Hysteria usually develops between the ages of puberty and twenty-five, few cases occurring after the age of forty.

Sexual derangements are found to underlie many cases. Irregular menstruations, uterine displacements, ovarian irritation, ulceration of the cervix, adherent clitoris, and not infrequently masturbation are all exciting factors.

Symptoms

It is difficult to describe the symptoms of hysteria, because they vary greatly, for one case hardly ever has the identical symptoms of another. It is frequently said that it is possible to get any kind of symptoms in hysteria. Hysterical patients generally describe themselves as nervous, are highly impressionable, emotional, irritable, sometimes irrational, and are given to extremes of passion. It is also noticeable that the character of the symptoms is largely dependent upon the exciting cause. For instance, in a person who has been injured in the back, the symptoms will be predominantly present in that area, while in fright in which one sees another hurt in the knee, there may develop hysterical contractions in that part.

Physical and Visceral Symptoms

There is, as a rule, lessening of the bodily activities, but sometimes the patient may apparently be in perfect physical health and still have the gravest form of hysteria. The quantity of the urine may be increased or diminished and there may be frequent urination. Loss of appetite and indigestion are very common, and constipation is a constant fault. Not infrequently there may be involuntary evacuation of the bowel, with Borborygmi and sometimes the so-called phantom tumors of the abdomen, resulting from localized gaseous swelling of the intestines. Flatulence and gaseous eructations are complained of, and sometimes excessive vomiting, with or without nausea, may occur. The heart's action, as a rule, is not disturbed, but palpitation is not uncommon, and is usually associated with pain over the pericardial areas, amounting to a pseudo Angina Pectoris.

There may be all sorts of alterations in the respiration, consisting in repeated sighing, sobbing, sneezing, laughing or

crying. Aphonia is frequent, and may come on suddenly. Vasomotor and trophic disturbances may occur, and consist in flushing of the skin and excessive or perverted perspiration.

Sensory Symptoms

Headache is common, especially in the back or top of head, described as a boring, aching pain, or as if a nail were driven into the skull. Pain or pressure is almost constant over both ovarian or inframammary regions in women and the inguinal areas in men. Because of the frequency of these hypersensitive areas, they are commonly known as the sensory Stigmata of Hysteria.

In fact, there is hardly a place in the body where pain may not be present. The eye, ear, nose; and they are especially common in the throat, where they are described as band-like or as a ball—so-called "Globus Hystericus." Numbness, tingling or dead-like sensations are often complained of in the limbs, body, rectal and genital organs. These sensations vary from day to day or in successive examinations, either because of suggestion or other cause. Hemianesthesia occurs in characteristic form. It is limited entirely to one-half the body, and the moment parts past the median line are approached, recognition is prompt. It nearly always involves all forms of sensation, that is, touch, pain, temperature and electric stimulation, and is sometimes associated with loss of half vision on the same side. It is to be differentiated from organic hemianesthesia by the fact that the latter is never limited by the median line, but nearly always projects over; that it is rarely complete for touch, pain or temperature.

Tremors are common, and vary from a fluttering of the eyelids and twitching movements of the muscles of the face to violent movements of the limbs. Hysterical paralysis is quite common and varies greatly. Hysterical hemiplegia and paraplegia can be distinguished from organic lesions by the suddenness of the onset, that there is complete flaccidity or exaggerated tonicity in the paralyzed limbs, and absence of the typical hemiplegic gait, the leg being dragged instead of swinging around, as in organic hemiplegia. Most important of all, Babinski's Reflex cannot be demonstrated.

Convulsions may appear in any hysterical patient. The attacks usually have certain recognized stages. They may come on at any time, either suddenly, or there may be the so-called prodromal period, lasting for a day or longer, in

which the patient becomes irritable, depressed, emotional, and sometimes maniacal. This is succeeded by the epileptoid stage, which hardly ever lasts more than a few minutes. The movements are characteristic, the patient usually throwing the limbs in a wild, irregular manner. This is succeeded by the third or emotional stage, in which the patient assumes different attitudes and expresses her hallucinations in wild exhilarations, joy, anger or passion. This may last for several hours or longer, after which the patient generally quiets down and passes into a deep sleep, or may have delirium or various hallucinations. These attacks are to be differentiated from epilepsy by the fact that there is no epileptic cry. There is hardly ever frothing at the mouth or voiding of urine, and while there may be clouding of consciousness, there is never absolute loss of memory.

Summary of Diagnosis

A peculiar mental and physical condition, characterized by suggestibility of symptoms which may be of any character. The patient is usually a young adult who is emotional, irritable, and one who constantly complains and thinks of herself, and perverts everything which may occur as having something to do with her own condition. There may be headache, backache, pains in various portions of the limbs, numbness or pin-and-needle-like sensations, hemianesthesia or anesthesia anywhere, points of tenderness in the back, ovarian and mammary region, increase of reflexes, paralyses of various sorts, with disturbances of vision, smell and taste. The most important point of all is the suggestibility of all the symptoms, their variance from day to day, and the fact that any or all may be removed by persuasion.

Clinical Course and Prognosis

The course of the disease depends upon its intensity. In most cases the symptoms can be alleviated to a large degree, but in a well-marked case, after the symptoms have been well established, it is rather difficult to effect a permanent cure. Sometimes the symptoms progress to such an extent that the patient becomes bedridden.

Treatment

The exciting cause must be determined and removed before much benefit can be expressed. A thorough examination should be made of the rectum, where pockets, fissures, ulcers or redundant and prolapsed tissue may be found responsible

for the lesion. The uterus, vagina, perineum, ovaries and urethra should be carefully inspected for the cause of the trouble, and if found here should be corrected, which often gives instant and permanent relief. Suggestion will prove beneficial in nearly all cases. A change of environment, congenial company, travel or anything that will get the patient's mind away from self will prove beneficial.

In the way of medication, the remedies most frequently indicated are: Pulsatilla, Passiflora, Gelsemium, Viburnum, and especially will Gossypium prove a sovereign remedy where wrongs of the genito-urinary organs prove to be the exciting factor. It is best given in full doses in hot water, repeated hourly.

THE PRACTICE OF MEDICINE

H. C. Smith, M. D.

Read before the California Eclectic Medical Society.

Dr. Baird called me by telephone and asked me to write a paper on the above subject, without giving any plans or specifications. As it is a large, expansive subject, I have done what little I could in the limited time at my command.

Many and various views of the practice and practitioners of medicine have been expressed. Dr. Wm. H. Draper, in an extemporaneous address to the New York Chamber of Commerce many years ago, spoke on the subject, "Our Medical Advisers; They Lead Us to a Brighter World, and Show the Way." In 1786, Dr. John Moore, an English physician, said: "The difference between a good physician and a bad one is certainly very great; but the difference between a good physician and no physician at all, in many cases, is very little." A man asked the young son of a friend who was ill, "Is your father in any immediate danger?" The reply was, "Indeed he is; the doctor is with him now." As the hunting season rolls around each year, something similar to the following appears in the so-called Wit and Humor columns: "Dr. Blank went hunting last week and did not kill a thing." "Is that so? Well, he should have stayed at home and attended to business." Someone has epitomized both the ministerial and medical professions in the following:

"The parson points the way to Heaven;
And then, with tender care,
The doctor consummates the act
And sends the patient there."

So, we see that whatever ideas, or lack of them, the paragraphers may entertain as to the practice and the practitioners of medicine, they seem to have quite definite ideas—and these corresponding most marvelously—as to the final results of said practice.

It seems to me that in real life the practice of medicine is a compound, combination, mixture, or conglomeration, depending upon the viewpoint, of joy and gloom, pleasure and pain, humor and pathos, sunshine and shadow. The joyful moments come, largely, when our pleased and grateful patients come trooping in, crowding each other in their efforts to force checks into our reluctant hands and request us to "please receipt this." But the gloom settles upon us in deep and impervious layers when they forget all about their accounts; unlike our creditors, the gas-man, light-man, grocery-man, drug-man, butcher-man, etc., etc., who present themselves in mournful array, with long and solemn visages, just when we have arranged our physiognomies and attuned our spirits for the proper and cheerful reception of patients.

We are pleased, of course, if our patients make prompt and rapid recovery from their illnesses; and our pleasure is very intense, indeed, if one of them, in the exuberance of his gratitude, gives us a Jess Willard whack on the back and says, "Say, Doc, that last dope was just the stuff; I feel like a new man," and we believe every word that he says, as he impresses it upon us and pounds it in. Our pleasure is greatly enhanced as new patients promptly take the place of those recovered, and hasten to send out an S. O. S. in our particular direction. But our pleasure is genuine, and not in the least simulated, when some patient, especially a child, who has been "down into the shadow," passes the critical period of the disease and, with an "about face," returns to health and happiness. The painful sensations are numerous and diverse, varying from those in which all our sympathies go out to the parent standing at the bedside of an idolized child, or to someone at the bedside of a parent, watching the final effort of Nature to maintain the thread of life; anxiously searching our faces for some slender ray of hope, and asking if nothing more can be done; or to the newly made parent of a daughter, instead of the son so eagerly hoped for and expected, who is inclined to blame the doctor and be openly resentful; or, to the hysterical lady of multitudinous ailments and woes who, after routing one from a nice warm bed, greets him with a sad and reproach-

ful countenance and this information: "Doc, I'm gettin' worse every minute; I know I'll die if I take any more of your poison drugs, and I've sent for a chiropractic, and I'm feelin' better already."

The humorous side of medical practice comes largely from the ignorance of the laity, or the doctor, or both. Just now, when the matter of conscription looms large in the public eye, the following is going the rounds: "A little girl rushed into a physician's office and said: "Doctor, please come and see our Horace. The conscription you gave him didn't do no good, and he had compulsions in the night."

A pregnant woman, who placed herself under the care of a physician, persisted in suspecting her husband of infidelity. The doctor finally inquired as to her grounds for suspicion. Her reply was: "Doctor, I'm sure he's not the father of this child."

A fellow practitioner in a town where I once practiced tells the following story on one of our competitors in a neighboring town whom he heartily disliked. They were in consultation upon a case one time and decided that the patient needed strychnine in 1/60 grain doses. Neither of them had that size of tablet with him, but our competitor solved the problem in these words: "Well, we can give him two 1/30 grain tablets; that will do just as well."

Probably the most genuinely pathetic occurrence in our practice is when we are consulted by the girl who has, to quote a time-worn and bewhiskered phrase, "loved, not wisely, but too well." Ignorance is also responsible for many of these cases. In many of them our sympathy for the poor victim is more than counterbalanced by our disgust at the attitude of the ignorant, or, more often, careless, parents and their cheap, snivelling self-sympathy. These unfortunate cases are little less pathetic, if any, however, than the more brazen married woman who, although in many instances a great church and temperance worker, comes to us asking us to perform an abortion for her, and, entreaties failing, cajoles, threatens and, finally, insults us; or, as several women have flippantly remarked to me, inform us that we might just as well do it, for if we do not she knows one who will. The sad part of it is, it is true. The doctor referred to in two cases has been arrested twice in the last year, charged with the death of her victims, but was released each time "for lack of evidence." She openly boasts that she "has something on" so many of the attorneys and judges that she does

not fear conviction. Another pathetic feature of this matter is the attitude of the laity. At the time of this doctor's first trial one of the newspapers stated, "This is considered a serious crime by physicians."

The sunshine permeates and illuminates our professional lives, especially upon occasions of this kind, when we can drive mile after mile on well-paved roads, over hills and through valleys, between orchards and fields of waving grain, along streams and through woods; drinking in the beauties of our California landscape; breathing the pure, fresh air and revelling in the sun's langourous warmth, until we reach this acme of California's glorious climate surrounding and enfolding Santa Barbara. Furthermore, our sunshine is not bedimmed in any way by this opportunity to meet and grasp the hands of our fellow practitioners in true fraternal greetings; to exchange ideas with them, and hear them express their aims and ambitions, their hopes and their fears.

Deep shadows already hover over the horizon as we think of the impending early return of our labors, and the extra work necessary to compensate for our absence. Deeper shadows are likely to fall upon those of the southern delegation, who came in their machines, if the Carpinteria "speed cop" happens to cast his eagle eye over the landscape and notices that said machines are cleaving the atmosphere at thirty miles per, when all well-regulated speedometers should be registering but twenty-six. Ask Dr. Scudder—he knows.

PAROTITIS; ITS HIGH-FREQUENCY TREATMENT

Dr. A. S. Tuchler, San Francisco, California.

Read before the California Eclectic Medical Society.

This juvenile disease is apt to claim for its victims an occasional adult, and it is characteristic of all those diseases which are common to the young. However, when the mumps favor those of adult life, it is rather a more serious affair than when children are afflicted.

The parotid glands, which are found beneath the lobes of each ear, are the seat of this acute and infectious inflammatory disease. It usually begins in one gland, then the other follows suit.

It was this swelling on one side of the neck that caused a gentleman of twenty-eight years of age to seek relief, as he thought, from a swollen gland.

Knowing that the high-frequency current will bring about absorption of enlarged glands of the neck, it occurred to me to see what this treatment would do for his ailment, having recognized this apparent enlarged gland as the incipient stage of the mumps or parotitis.

The large surface-condensing electrode was attached to the high-frequency cabinet and applied to the inflamed gland for ten minutes twice daily.

It only required four days of such treatment to completely cause it to assume its normal shape again, when the other side commenced to enlarge and become painful. The application of the electrode was applied as on the other side, and with the same result. Then the testicles became enlarged, painful and swollen, and it required seven days to restore them to their normal condition by the application of the same condensing electrode.

Usually, this disease in the adult and with its complications, requires from two to three weeks of enforced retirement, with the usual method of treatment, while this gentleman lost but very little time from his business.

This experience led me to apply the same treatment to children. It was remarkable how quickly the pain and swelling subsided. In fact, the children who were treated thus attended school every day while under treatment without causing any infection to others.

During a period of three years, in which numerous cases of mumps have been treated by the high-frequency electricity as above outlined, both in adults and children, the course of the disease had been invariably shortened and in fact aborted when treated in its incipency.

The following observations, during a period of three years with the high-frequency electrical current in the treatment of mumps, are, that it can be aborted both in children and adults if treated in its incipency, and that it is a powerful germ destroyer.

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THE RECRUDESCENCE OF THE TONGUE

The significance of the tongue in alimentary diseases has been discovered. To those of us who, in our college days, were thoroughly grounded in the symptomatology of the tongue, this statement is startling. By and by some one will discover that the tongue indicates other diseases as well as those of the alimentary tract. May we not hope that, eventually, we shall progress so far in the circle as to reach the starting point. Possibly a "century run" will prove to be an appropriate name for this cycle. Of course, this wonderful discovery was made in Europe. As proof of the originality of the idea the would-be pathfinder quotes the eminent German, Boas, as "dismissing the diagnostic significance of the tongue as of extremely subordinate import." The author of the article undertakes to show that the above statement should be modified because atrophy of the gastric mucosa is accompanied by atrophy of the tongue. Moreover he suspects that other diseases may be indicated by an equally pronounced appearance of the tongue. The article is by A. Faber and appears in Ugeskrift for Laeger.

THE TREATMENT OF CHRONIC INDIGESTIONS

E. J. Walsh, M. D., Milwaukee, Wisconsin

The successful treatment of chronic indigestions, of course, depends much on a careful and definite diagnosis.

It was not so many years ago that it was the fashion to make one prescription cover most forms of indigestion. The formula frequently contained a half dozen remedies more or less incompatible. The result of such haphazard methods was failure only too often.

When it was first found possible to extract the stomach contents and test the quantity and composition of the gastric juice, etc., it was considered that the key to the diagnosis and treatment of different disorders of digestion was at last obtained.

Later experience proved this to be disappointing. To achieve success we must go further. We must take into consideration the muscular weaknesses, the nerves, blood circulation, etc., of the digestive organs. With these points in view, the great possibilities of electrical treatment, when properly applied in these conditions, can be readily understood.

Among other points in this article I wish to call special attention to the success of electricity and especially sinusoidal electricity in the treatment of chronic indigestions of a functional character.

Herschell of England says: "There can be no doubt that the use of modern electrical methods has inaugurated a new era in the treatment of atony of the stomach. I use the term modern methods advisedly, as, until the introduction of sinusoidal currents and the use of the intro-gastric electrode, the application of electricity for the cure of this affection was generally not merely disappointing, but practically a failure."

He further states "that the good results obtained by electricity depends on three things: the selection of the proper kind of electricity, a proper technique on the part of the operator, and a willingness on the part of the patient to undergo treatment for the requisite length of time."

In other forms of indigestion as well as atony of the stomach, electricity has proven a wonderful aid to treatment. I do not mean to say that medical treatment and other measures have not proven curative in indigestions, but in the severer forms the addition of electricity, especially the sinu-

soidal current, makes the treatments much more successful and certain.

With other methods of examination, much more attention ought to be paid to auscultatory percussion. By percussion over the stomach and intestines the reflex of contraction can be induced. By irritating or rubbing the skin over these parts we can induce the reflex dilatation. From these reflexes much valuable information may be elicited.

Local or reflex nerve irritations, often evidenced by sensitive spots and muscular spasms along the spine, may interfere with the digestive process. This point should be carefully looked into in stubborn cases. For the relief of these sensitive spots we may use freezing locally over the sensitive area, or pressure, fixation or electricity.

Many different remedies may give relief in indigestions, but there are only a few that have much curative power. The remedies used in any case should be as few as possible.

Gastric Myasthenia

Myasthenia or atony of the stomach is a muscular weakness of the walls of the stomach. It is a very common form of indigestion and one that is often overlooked.

In the more severe forms the stomach does not empty itself in six hours' time. In the extreme cases the stomach does not empty itself in the long interval between dinner in the evening and breakfast, and food residues are found in the stomach in the morning.

My favorite remedy in most cases of atony is *nux vomica*. Sometimes I use it alone. Often, however, I combine with it quinine or ergot and *podophyllum*.

When there is much irritation with pain, nervous tension, tendency to muscular spasms, hyperacidity, then bismuth, collinsonia and glycocholate of soda are preferable at first. If *nux vomica* is given when there is much irritation, etc., the dose should be small.

For fermentation and flatulence give sulphite of soda, carbonic acid or *lycopodium*. For yeast fermentation, salicylic acid in small doses or sulphite of soda are indicated. For oxalic acid fermentations give lime water.

For pain, bismuth, *dioscorea*, alkalies, *cannabis indica*, *atropine* and biniodide of mercury give good results. For air that has been swallowed, salicylic of bismuth or aromatic spirits of ammonia may be useful.

Great accumulations of gas, with muscular spasms confining the gas to certain areas, may occur in chronic indi-

gestions and cause many nervous, distressing and alarming symptoms. When gas accumulates in the stomach and spasmodic closing of the pylorus and cardia occur simultaneously, the condition may be dangerous to a weak heart. When the heart is easily affected in indigestions, the heart itself is generally weakened. Indeed, this may be the first sign of a latent myocarditis.

If there is hyperacidity, prescribe alkalies, bicarbonate of sodium or potassium, calcium carbonate or lime water. Magnesium compounds give relief, but the after effects may be harmful. The general rule for alkalies is sufficient doses, but for a limited time only.

However, in the severe forms of atony the great reliance should be placed on sinusoidal electricity. In some cases applied every day, in others two or three times a week, or every day for three or four days, then discontinue for a few days. One method is to place one electrode over the space of Traube and the other over the lumbar vertebræ.

In special cases the intra-gastric electrode brings happy results. The best method to be used must be determined in each individual case.

In an article like this it is only possible to call attention to the sinusoidal current in a general way. The proper use of this current needs special study, but it is a study that will amply repay any physician.

Diet

I have not space to discuss diet in details. Bad habits of eating, over-eating, poorly cooked foods, improper or tainted foods, unwise combinations of foods are great causes of indigestion. Of course, there are many other contributing causes. When the indigestion has developed to any great extent, dieting alone seldom cures. Nevertheless, the question of regulation of the diet is a very important one. The diet should be governed much according to the individual case.

I believe in preserving the rule of three moderate meals in a day in most forms of chronic indigestion. A light diet or fast for a day or two in the beginning, and occasionally later on, is often of service. I do not advocate a very restricted diet, but this does not mean liberty or license. By bad habits of eating, a patient can nullify much of the good of the treatment.

Those articles of food that are known to especially disagree should be avoided or reduced in amount. In a general way in most indigestions I am opposed to meat soups, gra-

vies, catsups, relishes, sauces, sloppy breakfast foods, ice water or very cold drinks of any kind, excesses in coffee, tea, tobacco and alcohol; also such combinations as grapefruit with cereals, lemonade with cake, citric acid fruits with tomatoes or rhubarb, heavy meat meals with strong tea, or eggs with tea.

When the blood pressure is high the diet must especially be considered. The foods that disagree with a patient, of course, depend much on whether there is hyperacidity or hypoacidity. Constipation usually exists with hyperacidity and diarrhea with hypoacidity, although severe diarrheas do sometimes occur with hyperacidity. Those who suffer from diarrhea should avoid, among other things, smoked meats, underdone meats and meats with much connective tissue.

There seems to be a relationship between hyperacidity and gallstones; also between hypo-acidity and deficiency of the pancreatic juice. Pawlaw has discovered the close relationship between the hydrochloric acid of the gastric juice and the secretion of the pancreas. A. Schmidt of Dresden says as a good rule, "that the increased production of acid delays the passage of ingesta into the duodenum, and diminution or absence of acid hastens such passage." When hyperacidity is complicated with motor insufficiency, we have a serious condition, indeed.

Patients with atony of the stomach are usually distressed by much water drinking. So the practice of drinking three or four glasses of hot water before breakfast, or large quantities of mineral water at one time, should be deplored.

The meals should be eaten dry or nearly so; the liquids consumed chiefly at the end of the meal. The food should be thoroughly masticated, but this must not be carried to excess.

In atony of the stomach the meals should be further apart to give the stomach more time to empty itself. In the severer forms, however, it may be better to give small meals closer together. In these cases it is far better to rest a half hour before meals than after. Reclining on the right side is the most favorable position.

The infections from pyorrhea or diseased tonsils may be contributing causes in chronic indigestions, but they are apt to be over-estimated as primary causes.

For pyorrhea, alcresta ipecac and antiseptic mouth washes are to be recommended. One of the best remedies for pyorrhea is the high-frequency current applied daily to the gums.

In all indigestions the teeth should be put in as good condition as possible.

Gastroptosis

With other indicated treatment a supporting bandage should be worn. This should be applied with care to produce the best results. The sinusoidal current can be used every day in aggravated cases. For the pain or tenderness under the ensiform cartilage in cases of dilatation, galvanism can be used.

There seems to be a relationship between gastroptosis, a movable tenth rib, and neurasthenia. An examination of children, especially nervous children, to detect this movable tenth rib in early life might prevent much future trouble. Many chronic complaints have their origin in childhood. They are often overlooked or neglected, thus the whole future of the child may be imperiled or handicapped.

Chronic Gastritis

In chronic catarrh of the stomach there is an excess of mucus and generally a decrease of hydrochloric acid and pepsin. Later on there may be interstitial proliferation of cells in the mucosa. Then the condition assumes more of an organic nature.

Treatment

Elimination is of great importance. Alkaline salines with papain can be used an hour before breakfast, especially in the beginning. Lavage is to be thought of only in exceptional cases, as the psychic effect of lavage is often detrimental.

Hydrastis seems to be the most dependable remedy in these cases. Ellingwood lauds it very highly, and my own experience agrees with his. When the irritation is great the dose should be small at first. I generally prescribe chionanthus with it. Gentian and other bitter tonics will often aid, especially in achylia gastritis, but this is not always the case. Hydrastis seems to be beneficial even when gentian and other bitter tonics are not. Papain is sometimes of advantage. For excess of mucus I prefer magnifera or geranium, when I do not employ bismuth. Atropine may also be useful for this purpose if there is constipation, and but little or no deficiency of hydrochloric acid.

For flatulence and fermentation I prefer lycopodium. Hydrochloric acid after meals may give good results, especially if there is a deficiency of pancreatic juice. Nuclein is a rem-

edy of some merit and may stimulate the flow of secretin. When the breath has a foul odor, echinacea is valuable. In alcoholic cases capsicum is helpful, but it should not be given for long periods or when there is much irritation. In long standing cases iris is frequently beneficial.

For nausea and vomiting, bismuth with cerium oxalate, calomel and soda in small doses often repeated, rhus tox, pressure to the right of the fifth dorsal vertebræ, or ice to the back of the neck, are all of service.

The faradic current can be used in cases of catarrh of the stomach with high frequency for general effects. In stubborn cases the lungs should be carefully examined for incipient tuberculosis. All articles of food which may irritate the stomach should be avoided as much as possible. The amount of proteins should be reduced at first.

Hyperchlorhydria

In this condition there is an excess of hydrochloric acid during the digestive process.

Alkalies and bismuth are usually the best remedies, preferably given at the height of digestion, or when distress begins. Collinsonia, ipecac, ichthyol in capsules, and glycocholate of soda frequently aid. Petrolatum oil a half hour before meals has given remarkable results in some cases. Bromide of soda in the early stages has a good effect. For nervousness, pulsatilla and calcium compounds are also indicated. Lime water and sulphite of soda can be given as needed. For pain give alkalies, dioscorea, cannabis indica, etc.

The popular fad of advising bran muffins or bran foods in all cases of constipation is a serious mistake.

Plenty of rest and encouragement of those habits which tend to upbuild the nervous system are advisable. The food should be broken into small pieces and thoroughly masticated.

Tomatoes, cabbages, radishes and acid fruits should especially be avoided. A little extra water drinking at meal time is beneficial in these cases.

In hyperchlorhydria the sinusoidal current is especially potent. The intra-gastric method should be used when needed.

Constipation

In nearly all forms of chronic indigestions I advise vigorous elimination for the first few days, after that proper elimination should be looked after. Alkaline salines, castor oil, petrolatum oil, podophyllin, calomel, etc., may be used.

Measures should be taken to support the patient's strength the first few days if necessary.

Constipation and auto-intoxication seem to be contributing causes of many chronic complaints. One author says: "Could we name all the diseases that result from constipation we could cover a large percentage of ills to which the flesh is heir." Many people who complain of their heart, lungs, kidneys, nerves, catarrhal troubles, skin diseases, rheumatic pains, headaches, backaches, etc., often get great relief from their symptoms, when an accompanying acid intoxication and constipation are successfully treated.

There are many people also who have a daily movement of the bowels who nevertheless suffer from auto-intoxication and partial constipation because the elimination is not free enough.

For constipation the sinusoidal current can be applied, one electrode over the lumbar vertebræ and the other one over the lower sacral.

The galvanic current can be used with the positive pole stable over the region of the liver or sigmoid flexure, and the negative pole labile over the rest of the abdomen. The results of these treatments for constipation have been so successful that I recommend them to the earnest consideration of all. The electro-static current also gives good results. In the spastic form the currents should be mild. Petrolatum oil is valuable.

Nervous Dyspepsia

The term nervous dyspepsia is very much abused and often seems to be very misleading. It has proven too convenient a diagnosis to hide behind. Too often it carries with it the idea that the condition is entirely psychic or imaginary.

Because a patient seems to be very nervous and emotional, it does not pay to jump to a hasty conclusion that the patient's indigestion is purely nervous, of the psychic or imaginary type, and that "will power" is needed for a cure.

Thousands of people who are in need of earnest scientific treatment are allowed to suffer because their so-called nervous dyspepsia or neurasthenias are supposed to be chiefly imaginary. The imagination may aggravate the condition, but it pays in these cases to search well for material causes, such as primary digestive errors, local nerve irritations, etc.

As medical science advances and more rigid diagnoses are in vogue, we find less imaginary diseases and more real ones. Reed says, "Nervous dyspepsia may ultimately cease to be

classed as a distinct type of disease when our methods of diagnosis shall have become more perfect."

It is well to remember that nervous symptoms may arise in any form of indigestion. Many of the cases diagnosed as nervous dyspepsias and neurasthenia are due chiefly to a primary digestive trouble, and the relief of the nervous symptoms lies in a definite and careful diagnosis of the digestive error.

When the nervous symptoms predominate with no special digestive abnormality, or the disorders of secretion change every day or so, we have more truly a nervous indigestion. A vasomotor insufficiency with much disturbance of abdominal circulation is probably present in most of these cases.

With other indicated treatment calcium compounds and phosphorus can be given and the Morton wave applied to the spine.

Psycho-therapeutics often produces good results in indigestions. However, this is no proof that the condition was entirely psychic or imaginary. Suggestive therapeutics will seemingly relieve symptoms of many conditions, the original cause of which was not at all psychic or imaginary.

I am an ardent believer in suggestive therapeutics and advocate it in all forms of indigestion. It is generally a mistake, I consider, to use it alone. I personally witnessed some of the results obtained by Dr. Dubois at Berne, Switzerland, with his methods of psycho-therapeutics. While I give him great credit for his success, I am still of the opinion that suggestion usually succeeds best when used in combination with other treatment.

While the mind influences the body, the body in turn influences the mind. Suggestive therapeutics is not much a question of will-power. The secret of success lies in careful psycho-analysis and persistent repetition of the proper health suggestions.—Ellingwood's Therapist.

ECLECTIC MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

The forty-fifth annual meeting of the Eclectic Medical Society of the State of California convened in the White Parlor of the Hotel Potter, Santa Barbara, California, on May 24th, 1917, at 2 p. m., with a very good attendance especially of the old war horses.

Roll call of the officers showed several officers absent. President H. Ford Scudder and 1st Vice-President were both

absent. Dr. J. A. Munk acted as president and called the meeting to order. The minutes of the previous meeting were read and corrected and then approved.

The following committees were appointed:

Auditing—Drs. R. O. Hoffman, J. C. Reinsmidt and Augusta Stone.

Revision—Drs. J. C. Bainbridge, H. T. Cox, H. C. Smith.

Censors—Drs. H. V. Brown, G. W. Harvey, Laura Rauch.

It was then moved and seconded and carried to revise the constitution.

The secretary gave an interesting report showing the amount of money received and paid out and also gave the total membership at the end of the year, May, 1917, as 104.

At 7:30 p. m. meeting reopened with Pres. Munk in the chair. Dr. H. V. Brown gave a very complete report of his three years work on the Board of Medical Examiners which was heartily applauded and commended. Afterwards several matters of business were taken care of.

May 25th, the morning was spent by all the members present enjoying an automobile trip through Santa Barbara and the suburbs as guests of Dr. J. C. Bainbridge. At 2 p. m. the society was called to order again and the reading and discussion of papers continued. As a special order of business the election of officers for the ensuing year took place at 3 p. m. The following were duly elected and installed: President, Dr. H. C. Smith; 1st Vice-President, Dr. H. V. Brown; 2nd Vice-President, Dr. R. O. Hoffman; Corresponding Secretary, Dr. A. P. Baird; Recording Secretary, Dr. H. T. Cox; Treasurer, Dr. J. A. Munk. Los Angeles was chosen as the next place of meeting, on the fourth Tuesday in May, 1918.

The Committee on Resolutions made several reports.

At the evening session the reading and discussion of papers were continued and the meeting adjourned.

DR. G. H. GREENWELL, Sec.

DR. J. A. MUNK, Pres. pro tem.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets

in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

NEWS ITEMS

Dr. J. C. Reinsmidt has opened an office in rooms 520 and 521 Exchange Building, 3rd and Hill Sts., Los Angeles.

Died: Dr. Lewis Lee, Seabright, California, graduate of the American Medical College, St. Louis, 1888, age 60, died in Harbor Emergency Hospital, San Francisco, April 25, 1917, from cerebral hemorrhage. Dr. Lee had been a subscriber to the Journal for a number of years and formerly lived in Los Angeles.

Married: Dr. Alvin Gustave Berger and Miss Emma La-Bahn were married in Chicago May 27, 1917. Dr. Berger is well known in Los Angeles as he attended the California Eclectic Medical College until it suspended, then he took his last year at the Eclectic Medical School in Cincinnati, where he graduated in 1916. He is located in Chicago. The Journal extends congratulations.

Dr. John Buckingham, Big Pine, was in Los Angeles recently on professional business. He drove down in his automobile.

Dr. Orah Allen has opened an office at 651 Phelan Building, San Francisco. She is assisting in the Children's Clinic at the University of California Hospital and enjoying the work very much.

S. M. Atkins and Miss E. Ohnemuller, former students of the California Eclectic Medical College, will graduate from the Homeopathic Department of the California University this year.

The California Eclectic Medical Journal

Vol. XXXVIII

AUGUST, 1917

No. 8

Original Contributions

ALCRESTA IPECAC

J. A. Munk, M. D., Los Angeles, Cal.

Read before the Los Angeles Eclectic Medical Society

I have prescribed Alcresta Ipecac for some time and have derived much benefit from its use. I used it first in treating pyorrhea and have found its action beneficial in all such cases treated.

I used it in my own case for an ulcerated front tooth that had given me trouble for several years, and which is now entirely well. This remedy not only cured me, but has relieved every case of Riggs disease that I have treated; and some of the cases were bad ones. One of the cases of gum disease was particularly severe. The patient was a farmer in middle life, who had suffered from the effects of pyorrhea for years and was unfitted much of the time for performing manual labor. He had bleeding gums, loose teeth and foul breath in an aggravated degree. He received little benefit from the dentists and doctors who had treated him and was told that he was liable to die of septic infection. His condition caused a spasmic contraction of the esophagus, when he attempted to swallow and could eat no solid food without washing each mouthful down with some fluid.

I gave him a bottle of Alcresta Ipecac tablets and he began the treatment by taking one tablet three times a day. Their cathartic effect was so pronounced that he had to discontinue them for a time. When he began taking them again, he said that one tablet kept his bowels busy for twenty-four hours and he had to stop them. In the meantime his teeth had already tightened up and his general condition was much improved. The dose of medicine was reduced to one-fourth of a

tablet, then increased to one-half and finally to one whole tablet a day and regulated according to the effect produced. His bowels were obstinately constipated, but after the treatment they became regular. The medicine seems to operate actively only while the bowels are in a bad condition, but as soon as the foulness is cleaned out, it acts with less vigor.

Reasoning that if its germicidal action upon the colon could thus quickly and certainly reach out and cure a distant infected gum, it must possess some local antiseptic property that might be beneficial in enteric diseases other than dysentery and such action, from a limited experience, I have found to be true. It not only acts as a germicide and antiseptic of the alimentary tract, but it also improves the functions of intestinal digestion and assimilation. When I used it on myself for pyorrhea my system was in a run down condition and my weight considerably below par. I was thin in flesh and the skin much wrinkled, but these conditions I considered only natural and due to old age. After taking the Alcresta Ipecac treatment, not only was my diseased tooth cured, but I also noticed that my general health was much improved. My weight became increased to normal, some of the wrinkles were ironed out and the pink color of the skin indicated the return of red blood and an active circulation. This remedy seems to be especially adapted to the requirements of advanced years, and beats Metchinkof's Bulgarian bacillus cure for old age, to a frazzle. I keep a bottle of the tablets constantly in the house and occasionally take a tablet, just to keep in good form.

I also regard Alcresta Ipecac as a valuable remedy in all forms of autotoxemia and ptomain poisoning, as I, again, recently had occasion to prove in my own person. After eating dinner at a down town cafe, my stomach became uncomfortably bloated, which was followed by gripping pains in the bowels accompanied by diarrhea. A train of symptoms developed rapidly that denoted septic poisoning, by an all over bad feeling of lassitude, severe chill, heavy sweat, splitting headache and sore throat. Took some gelsemium to relieve the headache but without benefit. After three nights and two days of feeling no better, I concluded that something had to be done soon, or I would be in a serious condition.

It suddenly dawned upon me that mine was a case of ptomain poisoning which needed an antiseptic and I thought of Alcresta Ipecac as the indicated remedy. I took one tablet on an empty stomach and inside of an hour felt a perceptible change for the better. I then took a second tablet, which was all the medicine required to start me on the road to recovery.

The sick feeling and painful sensations all gradually disappeared and by evening I felt natural again, and what a relief! but it was worth waiting for, to experience the welcome change. The growth and subsidence of the disease was equally distinct and rapid, and when the right remedy was applied all the unpleasant symptoms vanished like dew before the morning sun.

I have had several severe spells of sickness in my time, but never anything like this.

THE CALIFORNIA MEDICAL LAW

H. V. Brown, M. D., Los Angeles

At the close of three and one-half years experience on the Board of Medical Examiners, I desire to present a recapitulation of its activities. These were years of considerable toil and sacrifice of personal welfare by the members, compensated only by the liberal education afforded in learning to work with a body of men all having the same object in view, but with varying ideas of how to reach it.

The medical practice act of 1913 contained so many new features that it proved to be a veritable bucking broncho for a time, but our legal and executive departments proved to be good riders and the animal was gradually tamed so that we all learned to sit in the saddle without falling off. For the purpose of refreshing your memory I will review the important features of the act as it existed at that time: It provided for a board of ten members. No provision was made for representation from the various schools of medicine, that being left to the discretion of the Governor who has the appointing power. You are aware that the present board is comprised of five regulars, two homepaths, two osteopaths and one eclectic. The eclectic member drew a short term and was reappointed January 22, 1915, for a four year term. This law apparently disregarded the old alignment of schools of medicine and classified all practitioners of the healing art in one of two groups, viz: "Physicians and surgeons" or "drugless practitioners." It specified that all applicants for a P. & S. certificate must have received 4,000 hours instruction divided into seven groups in a school approved by the board; and that all applicants for a D. P. certificate must have received 2,000 hours instruction, divided into six groups, in a school approved by the board. Practically none of the so-called drugless people in existence at that time could qualify under the act because of lack of educational requirements. A small num-

ber who had taken sufficient hours in an osteopathic school were admitted to the written examinations. No school teaching drugless methods at that time made any effort to comply with the law or merit the approval of the board. The responsibility of approving and disapproving schools entailed a great amount of work and investigation and claimed a large share of the board's attention for many months. Schools were adjudged largely upon four important points, viz: equipment, teaching staff, compliance with the law, and visible means of support. To the honor of the California Eclectic Medical College be it said that she merited and received the approval of the board up until the time that the trustees of the institution decided voluntarily to suspend, pending such time as adequate financial assistance could be assured to meet the demands of the future, which were becoming more and more exacting. The undergraduate students from this college were permitted to finish their course in an approved school with the privilege of receiving a diploma from the C. E. M. C. at graduation. The Homeopathic College of the Pacific entered into an arrangement whereby a department of Homeopathic medicine would be maintained in connection with the State University. For a time the Osteopathic colleges attempted to force recognition and approval of their institutions without meeting the full requirements of the law. Later the Pacific College and the Los Angeles College of Osteopathy were consolidated under the name of Los Angeles College of Osteopathic Physicians and Surgeons, the belligerent element largely eliminated, an endowment fund provided for and considerable advancement made in bringing the school up to specifications; so much so that the Board were justified in granting temporary approval, admitting graduates who could show proper credentials, to the examinations. The Oakland College of Medicine is still able to exist and is doing excellent work in some lines while weak in others. The College of Physicians and Surgeons of San Francisco is practically supported by funds received from the clinic maintained by its dental school. The University of California, Stanford, and the University of Southern California are all on the approval list. This about covers the list in this state. As to extra state institutions we are still obliged to depend somewhat upon the ratings furnished by the Association of American Medical Colleges.

This brings me to the important feature of the act known as reciprocity, which, by the way, is a misnomer. It might better be called the immigration feature of the act. It provides for the registration of all the physicians from any state or territory of the United States who can show a license in any state or territory, provided the qualifications of such persons and the

requirements of the state were equal to those demanded by California at the time such license was issued. Those licensed prior to the enactment of the California laws (Aug. 1, 1901) are required to submit to an oral, practical and clinical examination.

The following epitome indicates the number of each class appearing before the board since 1913, with the results obtained:

Written P. & S. Applicants		Reciprocity	
1914	1914	Direct	Oral
Passed	Failed		
121	63	305	109
1915	1915	153	78
137	39		
1916	1916	108	83
182	29		
440	131	1917 to May 1	40
			10
		606	280
Army & Navy			
1914	Number of Drugless applicants granted from August 10, 1913, to May 1, 1917		
4			
1915			
1			
1916			
3			
1917			
1			
449	131		

Total Reciprocity applications—January 1, 1915, to May 1, 1917, 512.

Issued 472

Denied 40

You will note by the foregoing that the reciprocity applicants are in the majority, and still they come. They do not re-register when they leave, but I am sure you will join with me in the hope that a large number have found the pickings poor and hied back to old Missouri. Provision was made for reciprocity contracts between California and other states, but up to date it has availed little, owing to the various differences existing between the laws of the different states. . Just previous to the 1915 session of the legislature an initiative

amendment had been placed upon the ballot and voted upon by the people, providing for a general law and Board for drugless practitioners, with the result that it was defeated by a narrow squeak. Contrary to expectations this defeat served to create sympathy and give this sect greater impetus in the legislature. After the usual introduction of bills and prolonged hearings a compromise was reached by which our law was cumbered with what is known as the Benson exemption clause for drugless practitioners. It provided that those who filed proof before January 1, 1916, of having been in actual practice in this state for three years, and proof of a resident one year course of not less than 1000 hours, should be admitted to the drugless examination; also that those who had been in actual practice six years and made proof of a similar course of 1000 hours and proof of competency in a drugless system, should be granted a drugless certificate. If you have ever met one of these encyclopedias of ignorance face to face you may have some idea of the mass of humanity this Board was required to knead over trying to find a spark of intelligence. However, in justice to the Board, it must be admitted that they have been patient and persevering through it all, trying to work out the law and give the applicants the benefit of the most liberal construction possible, consistent with the fundamental purpose of such a Board. Many of these received licenses as was intended by the amendment. The 1915 legislature also gave the Board jurisdiction over chirpodists, and accordingly quite a number of those who could comply with the law were given licenses as such. The exemption feature of the act is safeguarded by a definite time limit, so that all future applicants, of whatever character must have definite and sufficient educational qualifications to admit them to written examinations, which must be passed satisfactorily before a license is granted.

I am informed by members of former California medical boards that the work required of them was not one-tenth as great as that found necessary under this act. You can readily see that its sessions have not been entirely devoid of interest, and the work of the officers and committees have been just as interesting between sessions.

No mention has been made of the prosecution and legal department. This is largely in the hands of the special attorneys and investigators, together with the Secretary. The great good being accomplished by this department in the larger cities of the state is most important to the profession and the people, and cannot be estimated in dollars and cents although it is a notorious fact that prosecutions are expensive. No appropriation is provided for this work, consequently the work is less active just at present than it will be later when

we hope the new amendments of the 1917 legislature will furnish a little more revenue to meet such expenses. The new amendments will be effective July 27th of this year.

A word in reference to the activities which led up to the amendment of the law by the recent legislature may be of some interest. The legislature convened simultaneous with the annual meeting of our Board in Sacramento. Very early in the session it became apparent that the drugless element were represented by lobbyists, and undaunted by former defeats, were demanding legislation that would annul the present law so far as they were concerned, and give them a free hand to direct their own affairs, which would mean the utter annihilation of educational standards. It was my position, that while Eclectics, Homeopaths, Osteopaths and Regulars were under the jurisdiction of one body, there was no reasonable ground for the demand of the drugless people, and while it might be desirable from some points of view to have separate Boards for each branch of the healing art, investigation proved beyond question that no such proposal would be given favorable consideration. Therefore it seemed to me highly important that all medical societies lay aside their individual troubles and grievances and loyally unite in discouraging this effort to induce the legislature to wipe out the progress which had been made in the last decade towards higher standards of medical education. To this end most of the active Eclectics in Southern California contributed to a fund for the maintenance of a legislative agent at Sacramento who was conversant with medical matters and experienced in legislative procedure, to represent our interests in conjunction with the Regular and Homeopathic societies. This duty finally devolved upon Attorney Louis H. Ward of San Francisco, assisted by the President and Secretary, and other members of the Board. Briefly, the result of this concentrated action was that all the drugless bills were defeated by safe majorities. I believe this is a record for harmonious co-operation with a maximum of good results accomplished, unparalleled in the history of medical legislation in California. Eternal vigilance is the price of holding up the standard of our profession against a foe whose front name is vigilance and whose only argument is the false cry of persecution. Two years from now they will be on the firing line with the same old rusty artillery and can easily bombard the legislature into an abject surrender unless the various branches of the medical profession are willing to unselfishly make more of an effort than they have in years past. The medical act itself did not escape this time without several amendments, most, if not all of which will inhere to the better operation of the law. The most important changes

which were made are as follows: 1. Annual meeting changed from January to October. 2. Provision for the payment of an annual tax and registration fee of \$2.00, which entitles each licentiate to a copy of the official directory of physicians. 3. All midwives placed under the jurisdiction of the Board with appropriate restrictions and requirements for licensure. 4. Provision for interpreter for those who cannot speak or write English at expense of the applicant. 5. Acceptance of physicians in U. S. Health service for licensure on same basis as the Army and Navy. 6. Reciprocity fee raised from \$50.00 to \$100.00. 7. Osteopaths licensed under previous acts and wishing to qualify as physicians and surgeons, may, upon paying a fee of \$25.00, and meeting the other requirements specified, be entitled to an oral, practical and clinical examination, which if passed successfully, will entitle them to a P. & S. certificate.

In conclusion, I wish to commend the members of the Board of Medical Examiners for their uniform courteous treatment of myself, and I wish especially to thank the members of the Eclectic profession in the state for their kindly treatment and co-operation. My greatest regret is that more of those who come from distant states, seeking reciprocity, and representing themselves to be Eclectics, have not the courage and good grace to stand shoulder to shoulder with us after receiving the right to practice in this state.

THE TOXEMIAS OF PREGNANCY

Dr. John Clark, Los Angeles

Read Before The California Eclectic Medical Society

By toxemia we mean that the blood contains toxins or poisons of an alkaloidal nature, leukomains, or substances similar to these. These toxins are supposed to be the result of deficient or abnormal general metabolism, or morbid processes occurring in special organs, as the liver, the kidneys, the thyroid, or perhaps other of the ductless glands, and these poisons are retained in the body, or they are not sufficiently oxidized or changed so as to be rendered harmless and eliminable by the emunctories.

Many authors believe that every pregnancy is attended by an autointoxication due to changes in general metabolism incident to the condition, but in the constitution of a perfectly healthy woman these demands are met without external symptoms of disease. Such individuals are rare and therefore the evidences of toxemia are quite common.

"Aberhalden has shown that ferments capable of digesting

placenta albumen in vitro are present in the blood of gravid women; curiously, these ferments are weak or absent in toxemias." De Lee's Obstetrics.

John Cooke Hirst, M. D., in an article in the A. M. A. Journal, says:

"Every woman, during the period of sexual activity, is constantly absorbing corpus luteum. No sooner is the corpus leuteum of one menstruation disposed of, than another appears to take its place. With the onset of pregnancy, this absorption ceases. The corpus luteum of pregnancy constantly increases in size until it reaches its acme about the third month. From this time on it is gradually absorbed. The nausea of pregnancy, beginning during the period of nonabsorption, disappears about the time that the corpus luteum begins to decrease in size. Is it not reasonable to suppose that this is not a coincidence, but cause and effect, and that the corpus luteum bears an important relation to the nausea?" Based on this idea, he records the administration of corpus luteum extract intra muscularly, showing 32 successful cases out of 36 studied.

Predisposing elements for toxemia are neurasthenia, anemia, vicious hereditary antecedent, liver, kidney or thyroid, intestinal, or other organic disease. Intestinal autointoxication is generally admitted.

The symptoms may be classified as Mild and Severe. As Mild Toxemias, many of the minor complaints of pregnancy may be classed, such as headache, dizziness, lassitude, cramps in the muscles, pigmentation of the skin, nausea and vomiting, etc.

The Severe Toxemias are hyperemesis gravidarium, eclampsia and hepatic autolysis, etc.

I wish to discuss briefly Hyperemesis Gravidarum and Eclampsia, with two cases histories of the latter.

Hyperemesis Gravidarum

Nausea and vomiting occur in half of all pregnant women and are considered normal, but they may become so marked as to be termed "pernicious" and may lead to abortion or death or both. This disease usually begins in the second or more rarely the fourth month, but may appear in the sixth month. It lasts from six weeks to three months, but may be fatal in ten or fourteen days.

Uncontrolable vomiting may be classed as follows:

1. Reflex, owing to the close connection between the genitalia and the stomach by the way of the sympathetic and vagus.
2. Some organic disease.
3. Some defect in the nervous system.

Thorough gynecological examination should be made and anything abnormal remedied if possible, such as an anteverted or retroverted uterus.

Autopsies on women dead of hyperemesis gravidarum show the most marked changes in the liver and kidneys, therefore if therapeutic abortion is to cure the case it must be done early, before the liver and kidneys have been damaged by the poisons circulating in the blood.

Eclampsia

This has been called the disease of theories. It is the most dangerous of the toxemias of pregnancy. De Lee defines it as "a symptom-complex presented by pregnant women, of which convulsions are the most prominent manifestation."

Wells regards it as improbable that one definite chemical substance is responsible for the pathological changes in eclampsia. He is of the opinion that there are present, not only the toxic substances which originate the change, but also protein fractions which accumulate because of the disorganization of the liver and kidneys.

In a number of experiments on animals at Columbia University, Dr. Hull decided that eclampsia was due to an overload of the fetal elements which is thrown into the circulation and autolyzed with the formation of an excess of leucin. The excess of leucin injures the hepatic cells; the renal changes are probably due in part to other products of autolysis and perhaps also to protein fractions incompletely broken down by the liver.

The eclamptic attack may occur suddenly, but, as a rule, there are premonitory symptoms such as headache, dizziness, twitching of the muscles and disturbances in vision with high tension pulse.

The attack usually consists of first the period of invasion, the period of tonic convulsions, and the period of clonic convulsions, followed by coma or stupor.

Single attacks are rare; they are usually repeated in from a few minutes to an hour. Average number from two to five. Convulsions rarely last more than three minutes. Occasionally convulsions cease without interrupting pregnancy. Eclampsia occurs once in about 600 pregnancies, and in primiparae oftener than multiparae. Mortality is from 30 to 50% in the mother and about 60% of the foetus.

Case No. 1: Mrs. W. primipara, age 35, weight 180. Has always enjoyed good health. Pelvis of normal contour and slightly larger than the average:

Int. Spinous, 28 cm.

Intercristal, 30 cm.

Ex. Conjugate, 22 cm.

Urinalysis made monthly during early pregnancy and up to the seventh month were negative. Blood pressure from 112-120. Patient was away from city from seventh to eighth month but returned and reported that she was not feeling so well, had slight headache, oedema of the ankles and was constipated. On examination, found blood pressure 160, marked oedema of joints, puffy under eyes, was sleepy all the time, severe headache. Urinalysis: $7\frac{1}{2}$ grms albumen per L. Indican positive. Epithelial and granular casts.

Treatment: Soda enemas twice daily, administered slowly, an internal dose of castor oil. Stopped all food for twenty-four hours, then allowed rice gruel made very thin with water Ad. Lib. for several days.

The patient's condition showed marked improvement after second day. Urinalysis each second day showed improvement in kidney condition. Flatulent condition was still troublesome so exhibited.

Lloyd's Sp. Med. Xanthoxylum.

Lloyd's Sp. Med. Podophylum (aa) oz. 1.

Aromatic Cascara qs. ad. oz. iv.

M. Sig. Zi 2 to 4 times a day.

This was followed by relief and the treatment with slight additions to the diet, i. e., fruit juice and well cooked rice, was followed for three weeks. B. P. at that time was 130. Albumen $\frac{1}{2}$ gram per L. General condition improved. Twelve pounds loss in weight, but this did not seem bad to me as patient was overweight.

Labor lasted twelve hours: first stage, eight and a half hours; second stage, three hours; third stage, one-half hour.

Patient seemed fatigued, so advised hot enema of Fisher's sol. with good results before patient left delivery room. Patient was kept on light diet for three days, after which time urinary findings were negative. Urinalysis at weekly intervals for past three months have been negative and patient seems perfectly well.

Case No. 2: Mrs. B., age 24; primipara. Pregnancy normal until sixth month when an attack of measles occurred; no complications occurred during the course of the disease.

Labor began at 11 p. m. and patient was taken to hospital. Examination at 11:30 showed nearly complete dilation and the baby was delivered at 12:15. No laceration.

Patient seemed cheerful and there was nothing to lead me to suspect that all was not just as it should be. Pulse 68, Temp. 99, Resp. 22. At 8 a. m. hospital called up and said patient was suffering from headache. At 9 when I arrived patient was in a semicomatose condition. Blood pressure 120, and within a few minutes convulsions developed and continued

at very short intervals until 2 p. m. The nurse reported fourteen separate spasms but I am not sure that this is correct, as we were all very busy.

Treatment: Attempted to flush bowels but did not succeed on account of relaxed condition of rectum. Put patient in hot pack. Administered glonoin gr. 1/100 each hour. Hypodermoclysis Fisher's Sol. beneath each breast (not successful and introduced III Z of Sat. Sol. MgSO_4 in one pint of Fisher's Sol. Repeated above one hour later. Evacuation of bowels occurred at 2:30 and patient voided without use of catheter. Bowels moved four times between 2:30 and 9 p. m., at which time Temp. 101; Pulse 98; Resp. 30.

There were no further convulsions; kept patient on liquids four days. Temp. normal second day and remained so. Left hospital at end of two weeks. There had been tests of the urine made each two weeks during last four months of pregnancy, patient had not been constipated, there had been no morning sickness; urine showed slight amount of albumin after attacks. Patient is as well as ever apparently at fifth postpartum.

What as to etiology?

YOUR AGE!

HOW OLD ARE YOU?

Never in the history of this country has this question been of such vital interest to so many people as it is today, June 5, 1917.

Never before has the United States Government been so deeply interested in knowing the exact ages of the young men of the land.

So that never before has the public mind been so ready to grasp the great importance of complete birth registration.

In ordinary times as the years go by and problem after problem is taken up and settled our civilization grows; and the more rapidly these problems are taken up and settled the more rapidly this civilization grows.

In ordinary times the continual demands upon our attention first by one problem and then by another easily explains the temporary sidetracking in so many states of the problem of COMPLETE BIRTH REGISTRATION. It is not because the people believe birth registration unimportant, but the problem has simply been crowded to one side until a more favorable day.

When the story is told of the American arrested in London as a German spy, unable to obtain a birth certificate because his birth had never been recorded and because the doc-

tor had died, but finally saved by the discovery of an old letter which told of his birth, the people grasp the point and agree that births should be registered; but as the story relates to somebody far away, somebody unknown, and probably never heard of before, the point is soon forgotten and no wave of strong public opinion is ever really started. So too the statements that birth records are needed to prove men of voting age, to establish old age pensions and pensions for the children of soldiers, to establish rights of inheritance, to determine how efficiently the states are protecting the health of the children, and to determine who is entitled to the protection of OUR FLAG—these statements are too apt to be treated as old axioms which call for no immediate reform.

The need for complete birth registration is recognized but the inertia of the people still prevails.

Thus in ordinary times the problems of civilization are settled slowly, but not so in time of war or after great catastrophes. Then the emergency or bitter experience brings quick results.

The city devastated by fire is so rebuilt as to guard against a second conflagration.

The terrible loss of life which follows overloading an excursion steamer soon results in more stringent laws and in greater safety for future travelers.

And today—this WAR CALL for the registration of our young men brings home the need of birth records to every community and to almost every family in the United States.

How Old Are You?

Can you prove that you are under 21 or over 31, or must you forever be suspected of having falsified your age?

Perhaps a fond mother to save her son from the horrors of the trenches may swear that he is below the age limit; perhaps years later proof will be found that this man should have registered; imagine his chagrin at not having done his part in the WAR.

Perhaps there are slackers who in the absence of birth records may be able to shirk registration.

Surely on this day the need of complete birth registration is evident to all.

May we not hope that this call for the registration of all men between the ages of 21 and 31 will awaken the people from their lethargy and lead at once to this forward step in our civilization—the REGISTRATION OF EVERY BIRTH.

If you are interested and wish to know how to obtain better birth registration in your state write to the United States Census Bureau.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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SUMMER DISEASES

A medical man coming from the East soon becomes aware that summer complaints in this locality run a remarkably mild course. Many times we have been told that we really do not have such diseases. However this statement, though made in good faith, is true only in a comparative sense. These diseases are here, but as the mortality is almost nil the eastern doctor soon loses his great apprehension.

Sometimes he goes to the other extreme and does not give such patients the attention which they need.

Here as elsewhere summer diseases are largely digestive disturbances, but rarely do we find them caused by excessive heat *per se*. Rather are they due to the use of iced drinks and the eating too freely of fruit, salads, etc. When a person is overheated there is marked determination of blood to the surface and the digestive organs are rendered anemic. To partake of cold food or drink at this time increases the anemia and digestion is inhibited if not altogether stopped. Under such conditions even good food soon becomes bad food and an acute indigestion necessarily follows. Should nature be actively on

guard emesis or diarrhoea or both promptly removes the offending material and the patient soon is well again. But sometimes nature does not respond, because of inherent weakness or overwhelming power of the toxins ingested or developed, and the services of the medical man are urgently needed. Under such conditions the first essential is to do what nature has failed to do, i. e., clear out the offending material. While this is being accomplished by observing and following the indications much can be done to ameliorate the distresses of the patient as well as limit the duration and violence of the attack. During convalescence glycyrrhiza in small doses is a great aid in restoring the digestive tract to its normal condition.

INDIVIDUALITY OF THE CASE IN HYGIENE

Alice Huntington, M. D., Los Angeles

Out of all the chaos of medical treatment of the dark ages—juggling with bats' wings, frogs' legs, chickens' gizzards, snakes' teeth and hoodoos—about the only rational treatment for disease that we read about was water. The ancient Egyptians, Hebrews, Greeks and Persians used it almost as scientifically as we use it now. According to a Chinese record, dating back several centuries before Christ, a physician prescribed for a woman of that country one hundred effusions of ice water, each followed by wrapping in a linen sheet.

Hippocrates had an excellent understanding of the physiological properties of water, both hot and cold, using it in most maladies, both the medical and surgical. He directed that cold baths should be of short duration and should be preceded and followed by friction, since he recorded the observation that after a cold bath the body quickly recuperates its heat and remains warm, while a hot bath produces the opposite effect.

Yet this followed out without considering the individual did not prove more satisfactory than in the present day unless fitted to the constitution of the patient, as it is recorded that one Antonius Musa attained great fame by curing the Emperor Augustus of a chronic catarrh by means of cold bathing—upon which his statue was ordered erected in the temple of Aesculapius. But being called upon to treat the favorite nephew of the Emperor, Marcellus, an effeminate youth, he lost fame and fortune, for the youth died, unable to recuperate from the successive shocks to his sensitive nervous system, and Antonius only regained fame by curing the poet, Horace, who evidently was a person of vitality.

Which is enough of the ancients, but goes to prove that his-

tory repeats itself, and the physician's life is an eternal see-saw—you go up or you go down—often for the things you are least responsible for. It suggests another thing—the real gist of the matter, so far as we are concerned—that the ancients did exactly what many of us do now—prescribed empirically, whether it be water, medicine, osteopathy or Christian Science. Every fellow gets about the same dose, whether he be weak or strong, fat or lean, sane or crazy—he always gets something or the other if he has the price, but sometimes escapes if he is broke.

As homeopaths we were early taught to individualize our cases. All the way down our leaders have talked this thing to us—talked and preached and would have sung it into our souls if we had not been so dense. Undoubtedly our homeopathic success has been due to this more than to any other thing except one—that of having the only sure law of cure.

An individual physician's success depends on his power to set aside his routine work and look at each case in diseases as differing on some points from any other, as every face, form and temperament differs in normal individuals. If we are too dense to grasp the differences, the patient is apt to go elsewhere—the severity of the attack decides whether into eternity or to another doctor.

For myself, though a stickler always for the individual case medically, I was slow to learn the individuality along hygienic treatment. Diet, bathing, enemas, douches, hours of sleep, heat and cold, both in applications and climatic changes, were applied in a routine way without much reference to the idiosyncrasy of the patient. Now that is a perfectly good word and means a lot, but as applied by the patient to himself it usually means what he wishes or does not wish to do; for instance, he will tell you it is impossible for him to take an enema, it disturbs him so, when that is the very thing he needs. This is in his mind. It will set up enough peristaltic action in the half-dead bowels to relieve them of toxic excrement long retained.

I remember giving one patient a week of agony by using glycerine tampons—a perfectly proper proceeding ordinarily—but glycerine applied even to her skin was almost as irritating as mustard. She was soon relieved when this was learned. This was a real idiosyncrasy.

Some people are especially susceptible to heat and cold. I am so partial to hot applications to relieve pain that I seldom think of using cold ones, but I have sometimes found it necessary to change the prescription to suit the patient. I can do it

if necessary. I have seen doctors who couldn't. I have in mind a prescription given for diet to a patient, a woman passing the climacteric period, who had lost 40 pounds in a few months from malnutrition of nervous origin, and anemia attendant on this period. It consisted entirely of fruit juices (which were intolerable on account of acids) and the least nutritious vegetables—spinach, lettuce, etc. No cream, meat, eggs or carbohydrates were allowed. He would not change his prescription, and she did not die, because she changed doctors. Now he was a first class man, but he did routine work. He believed in that diet and could not differentiate between the anemic woman and the fat man with an over-worked liver.

Of course I have been most interested in the baby feeding—but that is another chapter. Everybody has their troubles with that class of patients, but if we have to individualize for them as we do, or face a dire alternative, why not do it for children of a larger growth if they will let us. Next to the baby proposition is the diet for the pregnant woman. I used to follow closely the fruit system, with excellent results so far as an easier labour was concerned, but when followed out as strenuously as some of my patients have done when goaded by dread and fear, and the child has appeared not well nourished, I have had misgivings. It is well enough to say there is room and time to grow afterwards, but you don't feel particularly proud of the skinny, soft-boned babies, even if the mother does praise you a little. So of recent years I have been careful to fit the mother's diet to the mother's condition; to keep the balance well in mind so that she shall keep her strength without becoming necessarily fat, remembering the needs of the child as well, that it may come into the world with strength enough to sit up and take sustenance on its own account, and that such sustenance shall be obtained on short notice.

I advised a fruit diet largely to a patient a few days ago. She reported next day that she was tired of it, having eaten nine bananas between noon and bedtime. So we must learn to be rather definite as to quantity and kind as well. We make so many misfits in our advice in regard to climate. We send from the East our poor little anaemic women to Colorado altitudes, for fear they may have tuberculosis, where they can get it with every breath and lower their vitality by menorrhagia and increased nervous irritation on account of altitude. We send our rheumatic patients to Los Angeles because it's warm, and they never come back East because they are too lame to get there. We send our catarrhal patients to the north-

ern coast because it is damp, and the catarrh they have is dry—but if they don't die sneezing, they have to come down here to get well, and more often get well faster if they go to the arid regions of Arizona.

We send our anemic patients to a vegetarian sanitarium, when they need some good red blood from beefsteak more than they need their vitality all washed out by constant bathing. I have had patients that could not take a full bath all at once, ever after, without fainting. We send our lazy, morbid people to rest cures, when a few good serviceable duties along some line of work that had a definite object would help them amazingly. And we brace up our overworked, energetic people with tonics, so they can exceed the speed limit in getting off the earth, instead of locking them up until the machinery has time to slow down to normal.

Let us as physicians do a little practical thinking for ourselves and other people, so we shall give wise advice to those who require it. They probably won't take it, but in another age, when we are read about in books, we will not appear so imbecile as we sometimes appear to ourselves.—Pacific Coast Journal of Homeopathy.

CHILDREN IN WAR TIME

How Canada Takes Care of Soldiers' Children

How Canada provides for the wives and children of her enlisted men is described in a report by Mr. S. Herbert Wolfe of New York, prepared at the request of the Secretary of Labor and just published by the Children's Bureau of the U. S. Department of Labor.

In presenting the report, Miss Lathrop, Chief of the Children's Bureau, says:

In the 50 years since the Civil War, legislation affecting the family and its economic status has shown marked growth. Mothers' pension laws and minimum-wage laws are recognized examples, and it is acknowledged that their result has not been to pauperize but distinctly to improve the power of the family to protect itself. In view of this tendency it is to be expected that a system of compensation for soldiers and sailors can be developed whereby the Government will make possible for their children the home life and parental care which are the common need of every child.

The report points out that in Canada two notable elements have been added to the Government provision for soldiers

and their families: First, insurance on the lives of soldiers is carried by various municipalities, and, second, the Dominion has undertaken as a part of its military system the re-education, in a suitable occupation, of the disabled soldier so that he can assume again, in whole or in part, the care of his family.

The Canadian compensation for the soldier and his family includes not only \$33 of monthly pay for the private in active service but a separation allowance to his dependents of \$20 a month from the Dominion Government and further assistance in special cases from the Canadian Patriotic Fund.

For example, the wife of a private soldier with three children between the ages of 10 and 15 may receive either \$15 or \$20 from the assigned pay of her husband, \$20 separation allowance, and \$25 from the Canadian Patriotic Fund, or in all \$60 or \$65 a month.

If her husband is killed, she will receive \$40 a month for herself, and an additional \$6 a month for each of her children until her boys are 16 years of age and her girls are 17 years of age. In addition, if she lives in Toronto or one of a number of other cities, she will receive life insurance. This will be paid to her in monthly installments unless she shows that she needs the entire amount at once to pay off a mortgage or to make a start in business.

If her husband is disabled, she will receive a special maintenance allowance while he is having medical treatment and learning a new occupation, and when he is finally discharged, if his physical disability continues, a pension will be paid according to the extent of his disability and the number of his children under 16 or 17 years of age.

Mr. Wolfe is an actuary of recognized authority and he has analyzed especially the municipal provision for life insurance by which certain Canadian cities have supplemented the pensions provided by the Dominion for dependents of deceased soldiers. In Toronto, the municipality has not only purchased \$10,000,000 worth of insurance from private companies, but it is itself carrying more than \$32,000,000 worth of insurance. A municipal insurance bureau has been organized and \$2,000,000 worth of bonds have been issued of which the principal and interest are a charge upon the general taxpayers of the city. Every officer and enlisted man residing within the city limits of Toronto who volunteers for overseas service has from the date of his enlistment been protected by a life insurance policy of \$1,000, the protection running from the time of his enlistment to his death or six months after his discharge or resignation.

The report refers also to the fact that each of the European

countries makes Government provision for the families of private soldiers and sailors. In Great Britain, France and Germany the amount of the Governmental separation allowance depends upon the size of the family which must be supported.

NEWS ITEMS

Dr. D. A. Stevens of Holtville was in the city recently for a few days on professional business.

Dr. H. V. Riewel of Oceanside has come to Los Angeles to take a six months post-graduate course. He is undecided as to future plans.

Dr. M. B. Bolton, formerly of San Pedro is spending some time at the Grand Canyon of Arizona.

Dr. L. M. Kerr, a former student of the C. E. M. C. who graduated from Hahnemann College of San Francisco in 1916, has come to Southern California and is thinking of locating in Fillmore.

Dr. and Mrs. H. C. Smith and Dr. and Mrs. T. C. Young enjoyed a fishing trip to Big Bear Lake last month.

Dr. Leon Patrick is located in Orange, California and was a professional visitor at The Westlake Hospital last month. Mrs. Patrick has been called East on account of the illness of her mother.

The Westlake Hospital is enlarging their X-Ray room preparatory to installing a complete X-Ray equipment. Although the order was placed some weeks ago it will probably be some time before the apparatus will arrive because of the congestion of the freight traffic. The equipment will consist of a large transformer, universal table, both gas and Coolidge tubes, stereoscope, etc., in fact every thing necessary to make a complete equipment.

Born to Dr. and Mrs. L. L. Haight of Hollywood on July 8, a son. This is their fourth son. The Journal extends congratulations.

Dr. W. F. Holman, Los Angeles, suffered a sad loss last month in the death of his sister and her husband, both being the results of accidents, one by poison, the other by burning.

Dr. H. Ford Scudder has opened an office in the downtown section of Los Angeles, corner Third and Flower streets.

Dr. and Mrs. Harry Solomon of Boston, who have been visiting Dr. and Mrs. J. C. Solomon, have returned home.

Miss Sydney Sippel, who has been surgical nurse at The Westlake Hospital for two years, was married to Mr. Raymond Charles on May 12 and has gone to Brawley, California, where she will live on a cotton ranch. Miss Eva Guelich has charge of the surgery now.

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Original Contributions

VALUE OF MAKING A ROUTINE EXAMINATION IN THE DIAGNOSIS OF GASTRO- INTESTINAL DISEASE

Dr. E. R. Harvey, Long Beach

Read before the California Eclectic Medical Society.

There is probably no organ in the human body capable of acting as the clearing house for a greater variety and number of reflexes than the stomach. Nausea, vomiting, gastric distress, eructations of food, and gas are but little more proof of stomach disease than is headache pathognomonic of a cerebral lesion, or pain in the back evidence of renal disorder. These facts are all too well known to require any more than passing comment. But hasty, hurried or incomplete examinations of a case which seems to have but little wrong, is the cause all too often of what might be a curable condition, becoming an incurable one. When this suggestion is made, present company, of course, is excepted.

The stomach seems to have the faculty well developed for warning us of the approach of disease from a very great number of the avenues by which it gains entrance into the human body, and it is only by means of the routine examination that one can expect to reduce the number of wrong diagnoses. This method, I am sure, will reveal the presence of trouble in some unsuspected point, many times.

The stomach is not subject to a very great number of lesions, and to comparatively few serious ones, primarily. In but little more than five per cent of all the cases, wherein the internist is called upon to prescribe, for what the patient considers is a gastric disorder, is it possible to demonstrate a definite stomach lesion. Of this five per cent. a goodly minority

are either ulcer or cancer. The remainder being of the functional type.

Common examples of the reflexes in question, are those due to acute and chronic inflammations of the appendix and appendiceal region, and it is only too frequent that grave abdominal disease is diagnosed and treated as simply gastro-intestinal disorder because too little significance was attached to the nausea and vomiting. This seems especially true of appendiceal inflammation in young children. Also are met the reflex vomiting and epigastric pain of gall stones, cholecystitis, cholangitis, acute infections of the spleen and pancreas.

Another class of cases, comparatively rare, however, are those which can be traced to pelvic disorders. Of thoracic disorders, pulmonary tuberculosis presents a good example of the case in question. Indigestion, so called by the layman, is one of the symptoms of an incipient or slightly advanced tuberculosis of the lung, and if not careful we might find ourselves trying to relieve by diet and physic a symptom. When the real cause of the trouble is above the diaphragm instead of below; and the patient is only lucky if the discovery is made in time, and a rational and intelligent treatment instituted. Such errors are only obviated by a careful and painstaking history, both personal and family, together with thorough examination of the chest, as well as the usual laboratory procedures, in this particular class of patients, it should be remembered that there is a very characteristic blood picture, in that there is usually a decided leucopenia.

Diseases of the blood presents another point in question. All have observed the dyspeptic symptoms accompanying primary anaemia, the case remaining obscure until the blood picture proved conclusively that the dyspepsia was only an incident and not the sole wrong.

The anaemias of young girls would be placed in the same category. The laboratory worker giving us the clue via the blood findings.

Again the neurologist comes to the rescue of the practitioner and sees clearly by means of his case history and the projectile vomiting, etc., that there is some intro-cranial irritation. Many of the cases coming under our observation in patients well along in life, lay great stress on the statement that there is "something wrong with his stomach. This may or may not be true, but the gastric symptoms are the most distressing to him, or perhaps he may attribute his dizziness to the same cause. Here the sphygmomanometer is likely to reveal a high arterial tension, the arteries show marked sclerosis, and urinalysis reveal the signs of advancing nephritis. These instances, all well known, could be multiplied many times.

ELECTRICITY IN DISEASE

Dr. M. E. Eastman, Weaverville, Cal.

Read before the California Eclectic Medical Society.

Specialism is the order of the day. The time has passed when one man can do it all. In this era, the doctor to succeed must excel in something. He must know something about everything, and must endeavor to know everything about some one thing. That branch to which he is most attracted will be the one to which he will devote the most time and study, and it will naturally follow, if he master the details and technique of that branch, then he will have the best success with it, and this will eventually become his specialty. Some specialties are forced upon us, against our will, by circumstances, but the most of the physicians are free to select and choose the special line of study most congenial to their ability and field work.

The physician should first have the invaluable schooling only acquired in general practice, without which the specialist is handicapped, so that specialists are not made all at once. Electro-therapeutics has now become thoroughly established as a separate and distinct branch of the medical profession, and a physician cannot be said to be properly equipped for the practice of his profession without a thorough grounding and practical experience in the application of its principles to the human family.

Electricity has its uses and limitations as a curative measure. It is not a cure-all, but when scientifically applied in selected cases it will do things that nothing else will do. The chief danger in the use of electro-therapeutics, is not the agent itself, but in the person using it. If ignorantly or carelessly applied, it may, and often does harm, and brings disappointment, whereas, if rightly and intelligently used, it gives uniform satisfaction and brings success. Electricity must not be applied by guess. The laws of its operation must be understood, therefore a preliminary education in electro-therapeutics is an absolute essential to success."

While specializing, giving all of one's time, thought and study to one line of diseased conditions may be carried on successfully in the thickly populated centers of the country it is impractical for the physician located in the smaller cities, towns and rural communities because of the limited number of people from whom to secure his patrons. The revenue secured from the few treated would not be sufficient to make the specialty a business paying proposition. Yet under these con-

ditions the small town and country practitioner cannot disregard his duty and responsibility to the patrons under his care, by neglecting to gain a fundamental knowledge of the medical measures of modern science, that will enable him to be more efficient in the treatment of those who come to him.

While the small town and country physician has a small number of people from whom to secure his patronage, yet he is expected to maintain the standard of efficiency in his profession, and be as capable in the discharge of his duties as the physician who is so situated as to ever be in close touch with the latest means and methods of treatment. Consequently he is obliged to do a great amount of reading and keep well posted on all advances in medical science. Only those who are so situated realize why so many physicians have a longing for a city practice. They grow tired of keeping abreast with the ablest men of the profession in knowledge and not having the opportunity and privilege of utilizing this knowledge.

It is not the purpose of the writer to select some one of the many diseases and give you an explicit outline of treatment, as this feature of electro-therapeutics will be dealt with by others who have papers in this section, but merely to point out in a general way the scope of the field that can be covered with this remedial agent.

There is hardly a diseased condition, and more particularly chronic ones, that cannot be either benefited or cured by employing some one or more of the several products of electrical energy. Those in most common usage today are termed, the Galvanic, Faradic, Static, and Sinusoidal currents. Each of these are capable of many subdivisions as pertains to their application in the treatment of diseased conditions, and each sub-division is capable of producing a different effect, whether that be in the muscular, nervous, or circulatory system.

To be successful in the practice of electro-therapeutics one must thoroughly understand:

The difference in mechanism, principle and effect between the faradic, galvanic and static currents.

How to effect the circulation and nutrition of any organ or tissue.

How best to secure mechanical effects through muscular contraction.

How to produce a condition of anemia or hyperemia.

How to stimulate paralyzed nerves and how to produce a sedative effect upon the nervous system.

How to stimulate the absorbents and promote the process of waste and repair.

What the chemical effects of the galvanic current are and how to secure them.

How to secure a constitutional, tonic, stimulating effect by general treatment.

It is also necessary to know when to use the faradic current.

What the advantages are of a large coil over a small one.

What is the difference between the primary and secondary coil.

What the advantages are of the third coil, or the current of high tension.

What the difference between a current of quantity and quality.

Where to use the faradic current in preference to the galvanic or static, or sinusoidal. What strength of current to use and how to regulate it.

How to regulate the amount or strength of the current being used and the strength of current advisable for the various organs or tissues, or for the various diseased conditions; which is the sedative and which is the stimulating pole.

What are the chemical effects of each pole; what the advantages of having a rheostat, current controller, milliamperemeter, pole changer, interrupter, etc.

It is also of value to know that cautery work cannot be done with the ordinary galvanic or faradic or static generator.

It is of vital importance to know and recognize at once which current is indicated and what battery to select, and to know the value and dangers of the various commercial street currents in therapeutics, in order to prevent embarrassing if not fatal accidents.

Until the physician has a thorough understanding of the foregoing points and knows how to apply his knowledge in a practical way in the treatment of various diseases he need not expect good results in the practice of electro-therapeutics.

In closing I want to impress upon your mind that there is no equipment with which to supply your office that will give you greater financial returns on the investment, and as much satisfaction to yourself and patients, than that for electro-therapeutics, if you are thoroughly conversant with the application of the several modes of current.

DIABETES MELLITIS

Dr. F. J. Cook, Los Angeles

Read before the California Eclectic Medical Society.

In presenting this short paper on Diabetes, my only wish is to stimulate thought along slightly different lines concerning its treatment, and surely there is need of some change when, with such an army of medical men as we boast in America, diabetes, with a number of others as destructive, has increased in the last 50 years at the alarming rate of 1459 per cent and reaped a harvest of young, middle aged and old that, with other methods might have been saved to their friends, home and country.

There are many gaps in the knowledge we possess of the pathogenesis of this morbid conundrum, and the usually described causes, v. s. Shock, vaso-motor disturbance, irritation of the fourth ventricle, excessive mental labors, trauma, alcoholism, the immoderate use of sugar or starchy foods, indigestion, pregnancy, etc., are not at all times sufficient ground upon which to base our therapeutics. We do not even know whether overproduction by the liver or decreased use in the tissues may be the reason for the appearance of sugar in the urine. Dr. S. J. Melzer and I. S. Kleiner of the Rockefeller Institute, endeavoring to determine the cause of diabetes have this to say, "We found that if sugar were injected into the blood of a normal dog, it was easily disposed of in the animal's system and did not appear in the animal's excretions. With the same experiment, after the removal of the pancreas however, the dog failed to dispose of the superfluous sugar. The animal had a diabetes as surely as a person and with identical reactions, but, using the same animal, when the dextrose was mixed with emulsion of pancreas, there was no trace to be found in the animal's urine, the mixing of the pancreatic emulsion with the dextrose seemed to restore to the animal the functional power to convert sugar to its body needs. The conclusion is evident, that the pancreas are necessary for the handling of sugar, but how? Do they directly reduce dextrose to a usable form, or do they furnish to the liver a substance necessary for its proper conversion of carbo-hydrates into useful compounds; if we have been so fortunate as to have cleared away some of the mists surrounding the cause of this disease, variously ascribed to lesions of the kidneys, liver, stomach and bowels, pancreas and nerves; it is as yet too soon to have evolved a specific, that can be depended upon to produce cures, in even a small per cent of cases. More often than otherwise the

"swan song" is sung to the poor sufferer who applies for relief, and if they are accepted, the same old treatment of 50 years ago is instituted, consisting of a starvation diet and one or more of the following remedies, Opium, Morphene, Codein, Lactic and Carbolic acid, Ergot, Jaborandi, Quinine, Iron, Digitalis, Bulgarian Bacillus, Arsenic, Santonin, Acetanelid, Atropine, Creosote, Sodium Bicarb, etc.—many more could be named, but it's a waste of time— they all are alike almost worthless. I want to except the Soda, and as to the diet it's dead level monotony is nothing short of persecution, when any human being knows he or she cannot have a certain thing, the liking and longing, for it increases by suggestion until it becomes an obsession. Surely a method that regulates rather than prohibits the use of sugars and starches, will be a welcome advance.

After reviewing the whole field of fact and fancy regarding diabetes, there are a few outstanding, prominent facts that must be reckoned with in our measures for relief and cure: First, an irritated stomach, manifested by a desire to eat and drink excessive amounts. Second, loss of weight, starvation, innutrition, while eating and drinking more than enough to supply body waste. Third, excessive urination, the excretia carrying varying amounts of sugar, the irritating nature of which is evidenced by the excoriated condition of the male and female genitals of diabetic sufferers. Fourth, a progressive muscular weakness, due to nutritional disturbances and lack of enervation, a post mortem reveals the results of a low state of inflammation, the spleen, liver and pancreas being hyperemic and hypertrophied. The kidneys show the result of the vicarious labor performed and present the appearance of paranchymatous nephritis (large white kidney), more evidence of inflammation. Mouth, throat and skin dry and harsh, sometimes eruptions like boils or carbuncles appear to still further torment the sufferer. The whole picture then is one of acidity and inflammation. The histories very often reveal past conditions calculated to produce just these results, banqueting and excesses in the use of alcohol being prominent. Taking all these facts into consideration I am driven to the conclusion that diabetes is a perversion of the nutritional functions of the stomach, liver, pancreas, and bowels affecting digestion, assimilation and nutrition, and attended by irritation, inflammation and often necrosis.

The treatment used by me is both symptomatic and constitutional and requires quite an expensive electrical equipment some of which is not to be had in the open market but

must be made to order. The modalities used are, galvanism and high frequency. A good vibrator is also necessary, the portable kind is not heavy enough. I use a Victor excentric type, the high frequency apparatus is also a Victor No. 8 (d'Arsonval type, with a rotary spark gap, the only non-heating gap made.

The galvanic application I term Cataphoresis, and it would be truly so, but for the reason that the electrodes are of equal area; the electrolite is strongly alkaline in reaction and contains trypsin, which may or may not be acted upon electrolitically, according to the books it is not, but be that as it may, it is given the benefit of the doubt.

The anodal and kathodal terminals are six inch copper shells that contain a high resistance wire heating core entirely insulated from the shell, and which is energized by the A. C. current. The galvanic or D. C. current is connected to the shell, and controlled separately from the heat, in this application then we have three recognized agents, each powerfully active, and in this instance Synergistic, namely, Heat, Medicine and Galvanism. Let me now give you an outline of a treatment, occupying 40 minutes, the patient reclining during the whole time, except when going from one table or chair to another; a linen pad wrung dry out of hot water, and moistened with the remedy is placed over the kidneys and on the front over the pancreas, which are usually sensitive and often very tender, and the patient lies down on the shell, matters not which pole and the other shell is placed on the front pad, which is any desired temperature. Now turn on the current to 60 milliamperes and continue ten minutes, then reverse the current for ten minutes more, and this part is complete. Next give ten minutes auto-condensation, using from 2500 to 5000 Eberharts as the individual requires, finish with heavy vibration to liver, pancreas and bowels and then the entire spine with special reference to the upper dorsals. I have yet to see a curable case that will not respond to this procedure, supplemented by the proper remedies and diet. For an internal remedy I use an alkalinizing agent, with digestive ferments and a bitter tonic in combination. The diet need not be too strict—as soon as possible learn the patient's toleration for carbohydrates and act accordingly; fear a lack of nourishment rather than a show of sugar in the urine. The time required to make a cure varies, never less than three months and up to twelve or eighteen months. This is a fair expectation, but we do not guarantee to cure any case. I will cite a few cases that deserve consideration, because they all live in this end of the

state and can speak for themselves at any time.

D. W. E. Capitalist. Diabetes mellitus, sugar 8 per cent., high blood pressure, Sp. Gr. 1038. Gave up and prepared to die. One year of intermittent treatment, cured. Sixty-four years old now and feeling fine.

J. B. Orange rancher. Diabetes Mellitus. Sugar 6 per cent., eyes failing, Cystitis, treatment lasted eight months, cured, and well today.

C. J. N. Manufacturer. Diabetes Mellitus, Sp. Gr. 1040, losing weight, weak, symptoms of paralysis of lower limbs, reflexes gone, cannot stoop for falling, sacral pain continuous, has treated now two months, pain all gone, reflexes improved, strong and active, some sugar yet.

Mrs. E. B. P. Diabetes Mellitus aged 62, stout, very weak, great pain in back and limbs, been given up by three physicians and told to go home and be as comfortable as possible, as she would soon be helpless. Has now treated three months, does all her own work, walks two miles at a time, sugar reduced 50 per cent, cheerful now whereas she was hopeless.

Mrs. M. E. Diabetes Mellitus, sugar 2 per cent, had been ailing for many years, diagnosed tuberculosis and treated at sanitarium for that disease, many worries, husband insane, two children, treated three months, cured.

Mrs. J. A. W. Diabetes Mellitus, sugar 6 per cent, thin, passing large quantities of water, pain in lower limbs, using codein, is a hard case to manage since she has improved to a point where she is comfortable again, works too much and eats carelessly, is improving slowly and takes one treatment weekly, she was also given up by the so-called old school.

There are many more, but I am not trying to prove that I can cure all diabetics. One case cured by any system makes that system worth careful consideration, and not only in diabetes has it proved of value, many other chronic conditions have yielded to its influence, some of them are, Hepatic Abscess, Bright's Disease, Rheumatism, Gastric Catarrh, and one case of Psoriasis, due I believe to the Fulergation used in connection with the other measures, in short I have used the electro-thermo for many years as a routine practice because of its power to increase elimination and its sedative influence on nerves; as a local pain reliever it is splendid. I would not know what to use in its stead if it were to be discarded, and for the treatment of the organs situated in the abdominal cavity it is almost specific.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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THE ARMY NEEDS YOU!

The Surgeon General's office requires 20,000, or one-fifth of the active practitioners, as officers in the Medical Reserve Corps of the United States Army.

The lowest commission offered a doctor is First Lieutenant which draws in pay \$2,000 a year; captains receive \$2,400 and majors \$3,000. The cost of equipment is about \$150.00 to \$175.00, according to the desires of the individual. As in civil life, some of us are satisfied with a \$25.00 suit of clothes while others pay \$50.00, and this applies to a medical officer in purchasing his outfit in the way of uniforms, blankets, etc.

The individual outlay when once in the service is principally your expenditure for food, or mess as it is called in military circles, and this will average about \$25.00 a month, or about \$300.00 a year, meaning that a First Lieutenant should have at the end of the year, or to send home to his family or bank, about \$1,700.00, a Captain about \$2,000.00, and a Major at least \$2,500.00.

The need of doctors is not alone for the mobile army but

also in Concentration Camps, Evacuation Hospitals, Base Hospitals and on Transports. It is of decided advantage to volunteer your services and receive the benefit of the very necessary training accorded physicians in medical training camps. It is a safe assumption that for those who receive such training and show their aptitude for the service, advancement will be rapid.

The mortality rate has been grossly, and perhaps maliciously, exaggerated. On the Western Front among the doctors with the Allied Forces the average has been about one-tenth of one per cent per year. A figure which is but little in excess of that in private practice. Application forms may be had from the Surgeon's General Office, Washington, D. C.

A WORD CONCERNING THE MINORITY

John Uri Lloyd, Cincinnati, Ohio

The word minority to some men produces an unpleasant sensation. Many persons consider it painful to be one among the few, in contra-distinction to being a member of the dominant party. I know full well, too, that there is a reason for this dislike of a minority position whether it be politically, socially or fraternally, and as my place has been more often in the ranks of the minority than of the majority I may in consequence consistently express an opinion concerning the subject.

To begin with, let it be admitted that the talented men desiring adulation or popularity has greater opportunities in the ranks of the majority. Let it also be granted that the man of mediocre attainments or of a weak mentality is best cared for by the numbers that go to make up the majority. And, it must also be conceded that the unscrupulous person finds in the majority a field to ply his abilities of self-aggrandizement or of self-conspicuity that would not be at his command in the minority. In this connection, it may also be said that in a purely commercial sense a business man makes a great mistake if he becomes identified with a minority section if his business is of such a nature as to be then done only with the persons concerned and consequently restricted to the few instead of the many. That this is true is seen in the way some gifted but very selfish men desert a defeated cause or an unfortunate friend and in the manner in which a greater number of weak brethren flock to the side of the numerically strong as well as in the commercial ostracism that is shown a man who becomes identified with a minority section. But, while the majority must rule in party affairs it does not necessarily fol-

low that their cause is the right one or the principles advocated are the just ones. It has been said that "treason never lives," for if successful it is known thereafter as a struggle for liberty and by reason of its success ceases to be treason. So with the issues advocated by the minority; a new principle of government, an issue against existing conditions may be advocated by a few persons and then be heresy, augmenting numbers multiply until the minority becomes a majority and then it is no longer odious. But it does not follow that augmenting numbers are indicative of right of principle, nor on the other hand does it follow that a minority that remains a minority forever is in the wrong. As a rule, I believe minority parties advocate reforms that are desirable and while the men who begin a reform movement may often be impractical enthusiasts or visionary reformers, still, as a rule their aims are either towards better conditions or the elimination of error. It is not rare for the leaders of the majority to perceive the strength of the principles advocated by the minority and by artfully seizing the same to apply them to their own use, thus robbing the originators of their rightful property. But this makes no real difference, a principle established does it good work. Occasionally, as has been said, the minority comes into power and in that lies their danger, for, power brings to itself flocks of ambitious men who desire to be with the numerically great either for self-protection, because they themselves are weak, or for self-aggrandizement because of their ambition. Thus, since "absolute power in human hands is always abused," the wrongs wrought by the arrogant majority become the outcome of the work of the minority when a minority party creeps into popularity and finally reaches a position that enables it to become dogmatic. Then it is that a demand springs up for another minority, for then it is that designing men artfully manage to gain control of the organization and to brush away the efforts of the men of principle who establish the good work on whose name and work the intruder lives.

I have said that I have found myself more often in the ranks of the minority than in those of the majority. To this might be added the fact that when the minority to which I have belonged has by chance become a majority, I have yet to find the same enthusiastic strife after higher things. There seems always to be a relinquishment of effort, a failure to progress, a lowering of ethical principles when the minority comes into power. To an extent this may be accounted for by the retirement of the wheel horses, who, finding their principles successful and having accomplished their mission, as they be-

lieve, voluntarily withdraw from active part in affairs. It is also partly because of the enforced withdrawal of others who find little recognition from the newcomers who give no credit to their predecessors but step in and take to themselves the honors that prosperity now makes easy, but who would not be in the ranks were it not for the prosperity that has come through the efforts of others.

Having made these general remarks I shall pass from a review of my experience in fraternal and political minorities to the minority school in medicine with which I have been earnestly and zealously connected for the third of a century. The Eclectic School is a minority school and this fact relieves us of the presence of many selfishly ambitious men who always seek the majority for the personal power they can obtain through its strength; and also of weak men who need to be cared for by reason of the power that results from numbers. No man seeks a minority section for either of these objects and by reason of this fact we are favored and I believe the regular school in medicine is correspondingly unfortunate. The work of our school has not been understood as well as it should have been, partly a fault of our own because we have been content to work among ourselves, partly because the regular school in medicine has been of the opinion that we are illiterate and destitute of principle, and believing this, accept that we are all possessed of no good qualities. That they have been so long of this view seems to me not to speak well for the position they believe themselves to occupy and which they desire to have established in science, for the scientific man is a searcher after facts wherever they are found and not given to prejudice. Had the regular school searched fairly in our direction I believe they would have found their error long ago. But, the fault is, in part, our own, for we have been indifferent to the opinions of outsiders, and, knowing the erroneous views of these gentlemen, have yet made little attempt to undeceive them. Knowing, too, that we are a minority section in medicine, and realizing the richness of our materia medica and the effectiveness of our practice when we confine ourselves to it, we have been content to go on in our own way and consequently have been considered as charlatans by many conscientious men of the regular school.

As a minority we have been content in the belief and the hope that we are doing a great and good work, are benefiting mankind and are adding to the richness of the materia medica of the world. I can say truthfully that my close connection with the honored leaders of our school, now most of them num-

bered among the departed, has led me to appreciate them the more for the fact that they were content in their minority position while giving ever freely to the majority that abused them unmercifully. As a member of the Eclectic School in medicine, I have naturally met my share of mistreatment, misunderstanding and often of personal abuse and bitter business antagonism, but I feel today as I have felt always, that such things are to be expected if one holds opinions that are not elaborated by the men who lead the majority. Knowing these things and fairly understanding human nature, I hold no ill will against the persons who are led by their surroundings to consider us all as destitute of education; nor yet against their leaders, who promulgate the ethics which demand that the minority in medicine, regardless of attainment, be classed as charlatans. I realize that such rulings and conditions are to be expected, and knowing that the majority of the members in the regular school are innocent of wrong in that they believe firmly that we are illiterate, I see no reason to disturb myself or feel harsh towards them. Neither do I consider it necessary to become vicious in order to deceive them, nor would I in an unfriendly spirit go one step out of the way to stir up personalities. Our professional family is not a large one, but we are contented. Can a majority say more? Our works are being used to help mankind and our discoveries creep gradually into the folds of the majority. What matter is it to us whether the ethics they have inherited from the past will not permit them to meet us as brother workers or to give us credit for our discoveries and researches if in the end humanity receives the result? As a member of the minority school in medicine, ambitious in her behalf and deeply concerned in the elevation of medicine generally, I say in all earnestness, that except a few misunderstandings that may be expected to occur under any condition, my experience in this school is one of perfect contentment both concerning the works of others and of myself. I see no cause for disturbance or alarm over our future unless it be in unexpected aggrandizement or in relinquishment of our energy in the direction of scientific study and investigation. As long as we move onward in the course our fathers mapped, as long as we continue harmonious and contented, working towards the good of humanity, I can see no objection to the minority position we occupy. But, to become a section of the majority, or to become, by growth, the majority, would in my opinion be the beginning of the end of our progressive work. Our mission would soon terminate in turmoil and confusion, and the advent of a few ambitious men and of a

multitude of weak parasites would end our onward movement in American medicinal plant investigation, the field that for seventy-five years we have been persistently developing. Opposition and oppression, either personal, professional or in business, have for me no concern. I fear more the effects of prosperity, for as has been said, prosperity too often brings disaster to the cause that gives strength to the minority. The danger to Eclecticism lies not in the attacks of rival schools of medicine; this history proves, and I say in all earnestness, that my personal experience as a member of the minority which, as is well known, restricts my business and narrows my commercial efforts, leads me not only to be content among old friends but to view with apprehension all attempts to make ourselves popular at the expense of the principles and methods that have governed us heretofore.—Eclectic Medical Journal.

THE FAUCIAL TONSIL IN ITS MODERN ASPECT

John J. Kyle, M. D.

There is probably no subject possessing greater interest than the medical and surgical treatment of the faucial tonsils. There is no operation about the upper air passages that is more often performed and none requiring greater skill and aptitude on the part of the surgeon than tonsillectomy. After many years of observation I have about come to the conclusion that there is no one operation about the head that is so often poorly executed.

The development of the tonsils begins in early fetal life, about the third month, and at birth most children possess tonsils and adenoids, which are perceptible to the naked eye. Not infrequently at birth children have large tonsils and adenoids, sufficient to interfere with feeding. Infants will with difficulty take the breast or the bottle, and for only a short time, crying and fretting on account of inability to breathe and take nourishment at the same time. These children are poorly nourished and do not develop naturally. Sometimes they are treated empirically for stomach or intestinal disorders, and not infrequently the nurse is requested to wash out the stomach, time after time. A little careful examination will frequently disclose the source of irritation.

Mouth Breathing

Mouth breathing in infancy, from tonsil and adenoid tissue, predisposes to deformities of the mouth, middle-ear disease, disease of the teeth, lowering of the tissue resistance, and a variety of focal infections.

There is no age at which tonsils and adenoids cannot be successfully removed. In very young infants, the adenoid structures are so soft that there is no particular pain connected with their removal. In young children the tonsils should be removed always under ether anesthesia.

Function of the Tonsils

There is nothing definite known in regard to the function of the tonsils. Many hypotheses have been advanced but none of them seem to hold water. It is argued by Brieger and others that the tonsils protect the body against pathogenic infection, by passage of lymph through the tonsils to the surface. There are many reasons to think that the reverse theory is more consistent with our investigations, and that is that the tonsils are an open entrance of infection, and no tonsil that can be detected easily is a normal tonsil. Unfortunately, one can never tell, in all cases, whether a tonsil is the harbinger of microorganisms or the source of systematic infection, unless they are removed and the condition of the child or adult compared some time afterward with the condition before operation.

Anatomy

Most medical men are more or less familiar with the anatomy of the tonsils. The position of the tonsils in their fossæ surrounded by the pillars predisposes to retention of food particles, debris, and the natural secretions from the mucous membrane lining the crypts. This cannot be demonstrated by merely looking into the throat.

Demonstrating Infection

If one cares to demonstrate whether or not the tonsils contain pus, cheesy deposits, or infective material, it will be necessary to cocaine and with a forcep evulse the tonsil and by making traction the tonsil may be so compressed that its contents will be squeezed out. This may be examined and the character of the infection or debris determined. Sometimes the organisms present may be the *Streptococcus viridens*, *staphylococcus* in its different varieties, *pneumococcus*, tubercle bacilli, diphtheroid bacillus, and practically all the varieties of mouth organisms. The organisms may be confined to one or two varieties, or to a very great many.

Focal Infection

Pain and inflammation in the tonsils are not necessary for the establishment of focal infection. Many times the sequel of absorption from the tonsils is fairly pronounced, and the tonsils are apparently so small as to excite no attention what-

ever. The late Dr. Pinchon was one of the first in this country to call attention to the hyperemia or redness of the anterior pillar covering the tonsil as a reliable sign of a chronic diseased tonsil, and his observations hold good today.

The tonsils empty into the deep cervical lymphatics beneath the sterno-mastoid muscle, and enlargement of the deep cervical glands of the neck is suggestive of absorption from the tonsils. There may be a simple swelling of the tonsillar lymph node, a fibrous caseous degeneration or suppuration of the gland, and which is tubercular in many cases. Sometimes in acute and chronic inflammation, the glandular enlargements in the neck disappear with local treatment of the tonsil. The tendency is for a low form of inflammation to continue for a long time, and it is during this period and before caseous degeneration or suppuration that the greatest danger to systemic infection exists. A blocking of the lymph channels by swelling of the lymph node is not sufficient to prevent the tubercle bacilli, for instance, in reaching the lung. We think it advisable, in the removal of enlarged glands of the neck, first to ascertain the possibility of tonsillar infection and remove them at the same time, thus preventing a second operation on the neck.

The Tonsils and Tuberculosis

The tonsils are the most vulnerable spot for the entrance of the tubercle bacilli, and the removal of diseased tonsils as a preventive to tuberculosis, or in the relief of incipient tuberculosis, is probably the most satisfactory thing to do.

The blood supply of the tonsils has been very accurately worked out by numerous investigators. There is no question but that a certain amount of absorption into the system takes place through the blood stream as well as the lymphatics. The blood supply of the tonsils is important on account of the surgery of the tonsil. The time is past when one can ruthlessly remove the tonsil and make no scientific effort to control the blood supply, as in surgical procedure. Severe hemorrhage from the tonsil following a tonsillectomy may be as important a factor in producing shock as the loss of blood from any traumatism or other surgical procedure. Therefore, we should aim to secure, either preceding enucleation of the tonsil or immediately following, all bleeding points with the aid of a hemostat. The true tonsillar artery and vein (J. Leslie Davis) pass down behind the tonsil and through the aponeurosis, near the superior and posterior portion of the tonsil, entering the tonsil at its medium point.

Hemorrhage

The tonsillar branch of the dorsalis linguæ enters near the base of the tonsil about the median line. The point of hemorrhage at this spot as a rule cannot be detected unless the base of the tongue is well depressed. The lingual branch, however, may be found sometimes near the middle of the fossa. Sometimes there is a small bleeding point on the internal wall of the fossa, a branch of the dorsalis linguæ, and about the median line and near the attachment of the posterior pillar. These three points are the ones where we anticipate serious hemorrhage.

I want to explain a little later on my method for controlling hemorrhage in tonsillectomy.

Nomenclature

The nomenclature of diseases of the tonsils in their relative frequency are: acute and chronic cryptic tonsillitis, acute and chronic peritonsillitis, and membranous tonsillitis. Among the latter are particularly diphtheria and streptococcus infections. Other organisms may produce membranous tonsillitis, diphtheria and streptococcus infection, more particularly hemolyticus, are the most virulent forms of membranous tonsillitis.

Tuberculosis, syphilis, hyperkeratosis, Vincent-Plaut angina, and hemorrhagic angina comprise most of the diseases of the tonsils. The hemorrhagic angina not infrequently follows after birth, and such cases usually die. Chronic interstitial tonsillitis, and without perceptible local symptoms, is sometimes a factor in producing pain in the ears and pain about the larynx, sometimes radiating to the temples of the diseased side.

Diagnosis

To reiterate the suggestion made, it is very easy to diagnose an acute inflammatory condition involving the tonsils; but a chronic and latent inflammation of the tonsils is very difficult of diagnosis. Sometimes the tonsils are greatly hypertrophied; at other times, so submerged between the pillars as to be totally obscured, and unless by evulsing the tonsil, its absence or presence cannot be detected. A small hypertrophy of the tonsil, except as it prevents good breathing, may not be a source of absorption. A tonsil containing cheesy deposits, constantly or at times, foul and offensive, should be removed. A foul breath is more often from an exposed or hidden crypt than from diseased teeth, or stomach or nasal disorders.

This paper has nothing to do with the therapeutics of tonsillar affections, but has to do briefly with the sequelæ of tonsillar diseases and with the surgery of the tonsil.

Tonsillar Systemic Infection

Probably the general practitioner is more interested in the relationship of tonsils to systemic and focal infections, and no place has there been a closer relationship, as demonstrated by numerous contributions, between acute articular rheumatism and acute tonsillitis. There is a condition that is closely allied to so-called rheumatism, and that is the radiating pains to the neck, arms, fingers and back, which is subject to acute exacerbations. The throat symptoms as a rule precede the articular rheumatism. Endocarditis or pericarditis not infrequently have their origin in the immediate removal of the tonsils, and the disease may be relieved and even cured by the immediate removal of the tonsils. Chorea in young children is sometimes alleviated by removal of the tonsils.

I feel convinced that the tonsils are frequently the avenue of infection in tuberculosis of the lungs; that their removal is not contraindicated in tuberculosis, and that the operation can only be beneficial and not otherwise.

Hyperthyroidism and the Tonsil

There is probably an intimate connection in some cases between diseases of the tonsils and enlargement of the thyroid gland in young children, and diseases of the thyroid in adults, particularly exophthalmic goiter. Dr. B. R. Shurley, Detroit, and others in this country, as well as abroad, have made this point quite clear. Even in advanced cases of exophthalmic goiter I have seen a wonderful alleviation of all the symptoms through the total removal of the diseased tonsils.

In middle-ear disease, either acute serous or catarrhal, in young children, there is usually an amelioration of symptoms following the removal of tonsils and adenoids. Middle-ear deafness is a prevalent condition and is in a great majority of cases due to neglect of the nose and throat in infancy. It usually manifests itself in middle life, and is so far developed at that time that treatment is often unsatisfactory.

Tonsillectomy

Danger of operation, where tonsillectomy is indicated, is practically nil; that is, in the hands of one familiar with the technique of the operation. In only one case in many hundreds of operations have we had a death following a tonsillectomy, and this was due to a status lymphaticus, as shown by post-mortem examination. Francis R. Packard, of Philadelphia, and W. Humes Roberts, of Pasadena, California, and many others, have reported deaths from status lymphaticus following tonsillectomy under general anesthesia.

We usually have about one severe case of secondary hemorrhage in fifty cases. Secondary hemorrhage may come on in young children as well as adults, and age apparently plays little part in hemorrhage. Paralysis of the palate muscles, with regurgitation of fluids, has been reported by Dunbar Roy, of Atlanta, and others. However, in his case the paralysis passed away after a short time. Not uncommonly have we observed a temporary paralysis of the fauces for a few hours after using a local anesthetic, with regurgitation of fluids into the nose.

Complications

Pneumonia is a complication that may follow tonsillectomy, providing that the patient is taken out of doors and exposed to dust a few hours after operation, and a patient should remain for at least twenty-four hours in a hospital. The exigencies of the occasion may demand removal in operations done in the physician's office, but after all this is a bad practice.

Tearing of the pillars by an operator, more particularly the posterior pillars, always leads to more or less cicatricial change, producing sometimes a narrowing of the post-nasal space. If narrowing occurs, a horizontal slit should be made through the posterior pillars. If there is a tear in the pillars at the time of operation, the operator should have enough presence of mind to close the perforations. A short time ago a physician in Southern California was defendant in a malpractice suit for fifteen thousand dollars, for accidentally destroying the pillars of the fauces while removing the tonsils. There was such marked evidence of carelessness or incompetence that the man was compelled to pay a large indemnity, in fact thirty-five hundred dollars.

The voice is seldom materially affected in injury to the pillars, and there is little danger of injuring the voice in any case, providing the operation is carefully performed.

After Treatment

The after-treatment is the one that seldom receives any attention from the operator. The pain and soreness following a tonsillectomy is usually severe, and in consequence an opiate should be given to relieve pain and distress. Edema of the uvula not infrequently occurs, and this should be relieved by puncturing with a sharp knife. A child or adult should remain in bed for twenty-four hours following an operation. Where a general anesthetic is used and the patient complains of a great deal of thirst, we allow him to take ice water in small quantities. The patient may use a gargle composed of tannic acid and sulpho-carbolate of zinc, of each fifteen grains; carbolic acid, five drops; glycerine, two drachms; peppermint water, sufficient quantity to make one ounce.

The Anesthetic

For tonsillectomy under general anesthesia we preferably use ether, given by the drop method. Some men order to be given, a half hour before operating, both to children and adults, a small dose of atropin for the prevention of excess of mucus.

For local anesthesia we prefer a one to two per cent. novocaine and adrenalin solution; and in the absence of this, we use one-half of one per cent. cocaine, to which has been added adrenalin ten drops, and two drops of phenol to a dram of one-half per cent. cocaine.

This is first injected beneath the mucous membrane of the anterior pillar, beginning near the base of the tonsil and working up toward the superior fauca, and in the posterior pillar and back of the tonsil. About ten drops of the fluid is also injected deep into the base of the tonsil about the capsule. About thirty to forty drops is all that is necessary to each tonsil.

Various Operations

Methods of operation under local or general anesthesia are many. We have before us a great number of reprints devoted to the tonsil operations. Many of these operations are almost duplicates of each other. Probably there is no operation on the tonsils that has more advocates and notoriety than the Sluder operation. There are only a very few men, according to our observation, who are skilled enough to use the Sluder method with satisfaction. The operation which we propose to describe is, in our opinion, very satisfactory.

A Simplified Operation

Under good illumination, if with a general anesthetic, the patient should be in a horizontal plane with the head slightly elevated and mouth opened with a Whitehead gag, preferably with tongue depressor attached. The tonsils should be grasped in the median plane and high up, and the most preferable vulsellum forcep that I know of is Museux'. With the complete or partially submerged tonsil taut, the anterior pillar fits like a glove. With a Seiler's nasal scissors a buttonhole can be made between the tonsil and the anterior pillar, and by gradually pushing the scissors backward and close to the tonsil, the aponeurosis is reached. By separating the scissors, a dry dissection of the anterior portion of the tonsil is made. With the tonsil still taut, and with a curved Prince's scissors, if there is any attachment of the posterior pillar superiorly to the tonsil, it may be relieved. With the tonsil still retracted, a long curved hemostat of some make, preferably a Kelly's hemostat, may be gently passed behind the tonsil and between the pillars, and the aponeurosis firmly secured. Within the

aponeurosis will be found the true tonsillary artery and vein. After the hemostat has been placed securely in position, and with the Prince's scissors, the aponeurosis that binds the tonsil superiorly can be cut. The tonsil now hangs pedunculated and a wire snare, preferably a Pierce-Mueller, can be placed about the pedicle. The hemostat still remains in position after the tonsil has been removed. The hemostat in this position, after the tonsil has been removed, acts as a retractor, exposing the fauca to view, and any bleeding points on the pillar or base of the fauca can be easily detected and grasped with an artery forcep. By making gentle pressure with a gauze-tipped sponge holder, bleeding from the capillaries can be easily controlled. Sometimes the artery forceps may be allowed to remain attached to the vessels during the enucleation of the opposite tonsil.

The hemostat should remain attached to any bleeding point three or four minutes. Sometimes even after removal of the hemostat bleeding may begin, and it is necessary to reapply. By taking these precautions, it is seldom ever necessary to sew the pillars or tampon the fauca.

It is very frequently unnecessary to separate the posterior pillar from the tonsil. The one point to be remembered in a tonsillectomy is that the tonsil itself must be kept perfectly taut during the whole of the enucleation. After enucleation, and all hemorrhage has been absolutely controlled—and this should always be at the operating table—the pillars and fauces should be inspected for possibility of a small amount of tonsillar tissue remaining. The tonsil will not reproduce itself, but sometimes a small amount of lymphoid tissue at the base of the tongue may, by a slow process, work its way upward and between the pillars and resemble true tonsillar tissue, and may even be as great as menace and receptacle for infection as the true tonsillar tissue.—The Medical Council.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

NEWS ITEMS

Dr. Sophia Billenkamp has changed her address to 3450 Missouri Street, St. Louis.

Dr. Harriet McGraw is now located at 908 Sec. Mutual Life Building, Lincoln, Nebraska.

Drs. Gates and Gates of Waco, Texas, were in Los Angeles for a few days last month. They are taking a vacation and after leaving Los Angeles went to San Francisco and Salt Lake City before returning to Texas.

Dr. and Mrs. H. T. Cox went on a vacation trip last month to Great Bear Lake, which place has been a most popular resort this summer.

Dr. M. Blanche Bolton has returned from Arizona and after a few days in Los Angeles went to San Francisco for an indefinite time.

Dr. W. E. Smith, Whittier, enjoyed a fishing trip, beyond Santa Barbara, last month. Dr. Smith's daughter has returned home after undergoing a severe operation at The Westlake Hospital.

The Park Commission of Los Angeles recently gave its approval to a scheme for the erection of a "Carousal" in Westlake Park. However, the property-owners of that section did not approve, and when the scheme was presented to the Council for approval it was defeated, only one councilman voting in favor.

Dr. Carey Billingsley, who is located in Santa Ana, was a caller at this office recently. Dr. Billingsley has a good practice, but has been called by the draft for service.

TYPHOID FEVER

Attention is directed to a timely announcement which appears elsewhere in this journal over the signature of Parke, Davis & Co., and bears the caption, "Typhoid Fever." Prophylaxis, diagnosis and treatment, in logical sequence, are briefly and comprehensively considered in this advertisement.

Typhoid Vaccine, Prophylactic, is suggested as a suitable immunizing agent. This product is a 24-hour culture of the typhoid bacillus, grown on inclined agar and suspended in physiologic salt solution, to which has been added 0.2 per

cent trikresol as a preservative. It is accurately standardized. That this vaccine confers immunity from typhoid fever has been shown by an abundance of clinical evidence.

In the diagnosis of typhoid fever the Typhoid Agglutometer has undoubtedly done much to popularize the Widal test and to extend the usefulness of that valuable diagnostic aid. Parke, Davis & Co. supply two forms of the agglutometer, designated as No. 1 and No. 2. Directions for use accompany each outfit.

For the treatment of typhoid fever Typhoid Phylacogen is an agent of established value. A marked effect of its use in all favorable cases is an early subsidence of the fever and a prompt establishment of convalescence. The technique of dosage and other particulars of the treatment are covered in Parke, Davis & Co.'s literature on Typhoid Phylacogen.

In pregnancy, where elimination is deficient, as indicated by headache, slight disturbance of the digestion and diminution of solids and urea in the urine, sanmetto in connection with calomel is remarkably effective. The calomel acts upon the cells of the body, those of the liver especially, effecting proper removal of the waste and accumulated toxins. Sanmetto increases the activity of the kidneys, in this way promoting the removal of excrementitious products from the blood, and at the same time acts as a systemic tonic enabling the body to more completely dispose of its waste products through its organs of elimination, and resist the evil effects from systemic absorption of auto-toxins.

PERSISTENT COUGHS AND COLDS

Colds that linger invariably owe their persistence to inability of the body to exert sufficient resistance to overcome germ activity. Recovery, in consequence, is always largely a question of raising the general vitality and increasing bodily resisting power. To accomplish this, no remedy at the command of the profession is so promptly effective as Gray's Glycerine Tonic Comp. Under the use of this dependable restorative and reconstructive, the appetite is increased, the digestion improved, the nutritional balance restored, and the vital resistance so raised that the body can control infectious processes, and establish a safe and satisfactory convalescence.

In the treatment of colds, therefore, "Gray's" can be relied upon to raise the defensive forces of the organism and fortify it against germ attack.

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♥ Original Contributions ♥

OPTICAL DEFECTS AS A SOURCE OF FOCAL IRRITATION IN CHILDREN

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The eye is possibly no more important so far as the life of the individual is concerned, than that of any other organ of the body. We know no more of its chemical physiology, but it is so situated that the physical and mathematical calculations of its functions can be more easily studied and appreciated.

The soul must surely be lacking in poetic fancy which does not behold in amazement the history of its development as illustrated in the embryology of the chick. From the time the tiny speck of protoplasm becomes differentiated and receives its magic impulse to grow the ceaseless age-long cycle of its development is being recapitulated and that within a few brief hours. First a tiny spot appears and constitutes the most primitive eye as found in the *Euglena Viridis*—a microscopic organism on the border line between the animal and plant kingdoms. The eye spot thickens to represent the eye of the lower mollusk; the thickening becomes depressed to constitute the eye of the higher mollusk; next the depression invaginates to form a cup with a pinhole outlet, and we have the eye of the Limpet; the eyecup closes, becomes filled with liquid and represents the eye of the Snail; the cup separates from the surface and we have the eye of the Squid; thus continuing to fold and form, discarding the unnecessary refining defects, eternally retaining that which is best, transmitting the acquisitions of epoch to epoch, it becomes

increasingly perfect until at maturity it leaves us with the prophecy of even a more perfect instrument as the ages increase.

Considered merely as a part of an optical instrument the lens of the eye of a vertebrate stands alone in efficiency. The artificial construction of such a mechanism, capable of an automatic transformation into an infinite number of lenses by which any point from 20 feet or infinity, back to within 9 inches of itself could be focused upon a screen, is incomprehensible.

However, the eye is not a perfect optical instrument. The lack of a perfectly symmetrical corneal curvature or the inability of the lens to maintain a perfect symmetry throughout its various degrees of curvature; along, perhaps, with other minor causes gives rise to variable forms of astigmatism, as the eye changes through its range of accommodation. This is illustrated by the involuntary contraction of an irritated ciliary muscle indicating one and then the other of the astigmatic letters on a chart as the brightest to the confusion of the refractionist; or, the structure of the eye may, when accommodation is suspended, focus parallel rays of light back of the retina—a condition called Hyperopia; or, in front of the retina—a defect called Myopia.

The object of this paper is to indicate as accurately as possible to what extent these defects act as sources of focal irritation on the eye itself or on other organs or on the organism as a whole—reflexly through the sympathetic system. What was found true in children may be true to a large extent in older subjects.

This question is not to be answered by copied authoritative statements but by the evidence furnished in the refraction of about 450 school children between the ages of 6 and 12, who came under my attention during the last two years at The Free Public School Dispensary and the Boyle Avenue Clinic in the City of Los Angeles.

The corrections which gave relief in the order of their importance were represented by the following formula:

1. Compound Hyperopic Astigmatism with a sphere or cylinder of over one diopter.

Ex. $+1 + 1.25 \times 90$.

2. Hyperopic Astigmatism of over $+ .50$ diopter.

Ex. $+75 \times 90$.

3. Hyperopia of over one diopter.

Ex. $+1$ O. U.

4. Mixed Astigmatism with a minus sphere and a plus

cylinder or a plus sphere and a minus cylinder.

Ex. $-50. + 75 \times 90.$ or $+ 1. -50. \times 180$, but these seldom gave any pronounced symptoms or in fact any symptoms which could not be accounted for by the plus found in the formula.

5. Compound Myopia Astigmatism.

Ex. $-75. -50. \times 180$, rarely anything more than a lack or normal vision.

6. Simple Myopia.

Ex. -75 or more, practically nothing more than a lack of normal vision.

As a rule, it may be stated that no patient, who did not require a plus in his correction, ever gave any symptoms of reflex irritation which could be attributed to optical errors. Not over 1-10 of 1% of myopes ever complained of their eyes, except so far as they realized that they did not have normal vision.

The only exception to this rule seemed to be found among the Japanese who are strenuous students and so often use their eyes to excess that their complaint of photophobia associated with a congestion of the retina could not be attributed to their common myopic defect alone. The more the Plus representing the optical defect in the formula the more the local and general reflex symptoms. Most all patients requiring a total of $+ 50.$ or more gave evidence of irritation, but it was not determined just how much the bright light of this climate accounted for the association of eyestrain with low Hyperopic errors. 75% of the comparatively small number of Myopes who complained of irritation of their eyes were wearing an over-correction so these can be classified among the Artificially Hyperopic.

Symptoms of Irritation

Although it is impossible to make any definite classification of these symptoms it seems most logical to classify them in accordance with the relation which they seemed to bear to the amount of Hyperopic defect.

1. Symptoms of major defects or of Compound Hyperopic Astigmatism with a sphere and cylinder of over one diopter each. The most prominent symptom in this group was that of vomiting. About 30% of these were afflicted with morning vomiting and nausea on rising. The vomiting was associated with headaches; below the eyebrows, in the forehead or on one side, lack of appetite for breakfast and an indisposition to rise early with the rest of the family. About 70% gave a history of periodic vomiting. The periods were more

or less regular for each individual. Some cases simulated migraine without the associated dizziness.

Other possible causes of vomiting such as toxemia, indiscretion in diet, cerebral pressure or inflammation, fatigue, gastric ulcer, etc., had been eliminated before the patient had arrived for refraction so no attempt was made to determine what per cent of vomiting was caused by optical defects alone, but there were not over 15 cases which came under our observation out of the entire series of cases. The striking thing about them all was that they were all cases of marked compound hyperopic astigmatism.

These cases were all anemic, or at least were pallid, nervous, languid, disliked school, had freakish appetites and on physical examination were found to be suffering from photophobia and a congested retina if in school. Conjunctivitis, styes, and swollen lids were no more common among this class than among those of lesser defects as will be described later.

2. Symptoms of Moderate Defects or of Hyperopic Astigmatism or over $+ .50$ diopter, but of less than $+ 1$ diopter in either the sphere or cylinder. This includes groups 2, 3 and 4, which for the purpose of this paper may be included in one. This class comprised 75% of all optical defects. Not over $\frac{1}{2}$ of these were conscious of any defects in vision. Those with simple hyperopia of course had none. The corrections were under $+ .75$ D., whether simple or compound. The astigmatism was mostly lenticular.

At this age symptoms were more easily obtained which came from the defects than could have been possible from older subjects where neurasthenia is so often a complication. Neurasthenia is not common with children and when it does appear it is usually of the hysterical type, which is easily differentiated.

The most characteristic thing about the symptoms associated with this group was that the symptoms came in the afternoon or after using the eyes. Various combinations of the following were usually relieved by the proper correction. Pain in the eyes, or eyebrows or forehead often associated with nausea but not with vomiting. Lassitude, lack of appetite for the evening meal and restlessness at night. Often intensely nervous in the mornings, dislike for school work or for near work of any kind as drawing or any technical details.

Physical examination showed that this class was especially afflicted with styes, follicular conjunctivitis, swollen lids,

especially on rising in the morning and hypercæmia of the retina associated with photophobia. Positive evidence of retinitis from these optical defects was lacking. While it was easy to eliminate the effect of tobacco and alcohol as a causative factor it was difficult to discard Tubercular diatheses and Syphilis on account of the lack of facilities. Again children of this age do not have the mental or ambitious motive to goad them on in the use of their defective eyes to the extent of producing retinitis as might occur in older subjects. The patients themselves complained mostly of blurred vision, smarting and itching eyes and temporary near-sightedness which was associated with pain.

3. Our third and last group includes all myopics and all those with less than .50 D. of simple hyperopia or of compound hyperopia in which the spherical defect is less than 50 D. and the cylinder less than .25 D.

The literature on this group furnishes many contradictions possibly on account of the difficulty of making a differential diagnosis in private practice. It is not possible to demonstrate that any hyperopic defects of less than .50 D. S. or of less than .25 D. Cy. ever produced any symptoms worth considering. By this it must not be understood that the prescribing of + .50 D. S. or even less did not give relief in cases of a total hyperopia of + 1 D. or more. In fact, the prescribing of + .37 D. S. or less in many cases seemed to relieve the accommodation of the excessive effort which was producing the symptoms, but a simple defect of + .50 D. needed no correction by a sphere of any dimensions, neither did a total astigmatism of + .25 Cy. or less need any correction. There is an apparent benefit which can come from the correction of these small defects, but it can all be accounted for by the exclusion of the excess of ultra violet light which is so abundant in this climate. Not only did actual experiment show this to be true, but it does not seem reasonable that a child with a range of accommodation of — 3.50 D. would need the assistance of a mere + .50 D. if the hyperopia is not over 1 D.

It can be easily demonstrated that over 90% of astigmatics who have been given relief by the most careful correction still possess uncorrected errors of .25 D. Cy. or more at various distances inside of 20 ft. Let any one who thinks that he has the most accurate correction for his astigmatism gradually approach a chart of astigmatic letters and see how rapidly the various letters increase and decrease in their distinctness at various distances as he approaches the chart. When this is true how can we expect the use of a minor cylinder to give any relief for the working distance when the correction is

made for the customary 20 ft.? In fact it may increase the defect for the near or reading distance. If low corrections by cylinders are of no use then low corrections by spheres must be of less benefit. Whatever apparent benefit may be derived by the use of low corrections for the exclusion of light through indirect vision still better results may be obtained by the use of a slight shade of smoked glass. Colored glasses will not be endured for any length of time by children on account of the artificial discoloration of things besides they are of no special benefit whatsoever.

Myopics seldom give any symptoms of local or reflex irritation of any kind. The complaint if any is usually only that of defective vision unless the astigmatism is very pronounced or the defect is much greater in one eye than the other. Suffice it to say that myopia of any kind and minor defects of hyperopia do not produce any symptoms.

How then shall we explain that only hyperopic defects become a source of focal irritation in the eye? If we take into consideration the mechanism of accommodation we can understand how the eye can only be under a strain in an attempt to overcome hyperopic defects.

Accommodation is an active effort consisting of a contraction of the circular ciliary muscles surrounding the circumference of the lens by which the convexity of the lens is increased and the focal distance back of the lens decreased. This takes place in the normal eye when we look at any object inside of 20 feet. In the normal eye the accommodation for objects as near as 13 inches is made with comparative ease, but even then the eye finds relief in its occasional relaxation for distance because all muscular effort required in accommodating is suspended. If the eye is hyperopic the effort for near work is always an abnormal one, the muscular effort of the ciliary muscle must soon become unendurable, exhausted it refuses to act either involuntarily or voluntarily, and the result is fatigue, ciliary spasms and the various reflex irritations commonly called eye strain.

This trouble does not come from myopic defects because the myopic eye can make no active effort to see. Its accommodation is always suspended in proportion to the amount of the near-sightedness and unless the myopic has some hyperopic defect also or has been over corrected and made artificially hyperopic by concave lenses he rarely if ever complains of eye-strain. Over correction is sure to cause trouble because it demands accommodation something to which the myopic eye is unaccustomed and especially deficient.

The philosophy for the correction of this series of cases

has been discussed in a previous article published in a journal in which those especially interested in the technique of refraction may find some interest.

Conclusions

1. Myopia in itself is very seldom a cause of eyestrain.
2. Eyestrain is only produced by some form of Hyperopia or excessive use.
3. The more plus represented in the optical defect the greater the reflex irritation not only on the eye itself, but on the entire organism.
4. The most severe reflex symptoms come from Compound Hyperopic Astigmatism to the amount of over one diopter in both the sphere and cylinder. The most characteristic symptoms of this uncorrected condition are morning nausea, vomiting and depression.
5. Simple or compound hyperopia or mixed astigmatism in which the average defect is represented by less than one diopter is the characteristic defect of the great number of sufferers from a lack of optical correction. These produce afternoon symptoms as a rule the most prominent of which are headaches, fatigue and nervousness.
6. Defects of less than .5 diopter seldom if ever produce any reflex symptoms, although corrections of even less than .5 diopter often produce marked relief in greater defects.
7. A correction of astigmatism for 20 ft. does not correct the defect for near work in 90% of all cases.
8. Local irritation of the eyes as manifested by styes, follicular conjunctivitis, photophobia and hyperæmia of the retina are more commonly caused by moderate defects of hyperopia than by major defects possibly because the eyes have been subjected to a longer strain uncorrected.

BISMUTH SUBGALLATE

Herbert T. Cox, M. D., Los Angeles

Read before the California Eclectic Medical Society.

The uses of Bismuth Subgallate are practically the same as those of Bismuth Subnitrate, but in many ways it is a better remedy. It is often the slight difference in action between remedies of the same group that spells success with one and failure with another, as we Eclectics well know from our system of medicine.

Bismuth Subgallate is known also as Dermatol. It is an odorless yellow powder, soluble in dilute alkalies and insoluble in water, alcohol and ether. Incompatible with acids. Its

properties are antiseptic, astringent, sedative to mucous membranes and siccative externally to the skin or wounds. Dose is from 2 to 10 grains every 2 to 4 hours, depending upon the conditions present.

Specific Symptomalogy. May be given as gastro-intestinal irritations of a sub-acute character; white tongue, acid eructations, feeling of weight in stomach after eating, bloating and diarrhoeal discharges at irregular intervals. Externally for moist conditions of the skin.

Action. Like other insoluble bismuth Salts, its chief action is to form a protective coat over irritated or ulcerated surfaces of the mucous membranes. On account of the Gallic acid radicle contained, it is much more astringent and anti-fermentative in its properties than the Bismuth Subnitrate or bismuth oxide. It protects the abraded or inflamed surfaces from contact with the intestinal contents and at the same time has an almost specific action on the dilated capillaries and lymph vessels of the delicate mucous coat. Lessening the hemorrhage, flux of mucous and secretion, and if an abraded surface be present protects it while promoting healthy granulations. In the diarrhoeal conditions of infancy and childhood it arrests the irritation arising from intoxication due to fermenting intestinal contents or from pathogenic micro-organisms.

Uses. In intestinal catarrh or dysentery, its astringent action is very useful. In gastric or intestinal ulcerations, it protects the ulcer and promotes granulation and hinders the progress of pathogenic bacteria. In acute gastro-enteritis or acute diarrhoea, after the bowels have been emptied of the offending contents, it gives great relief; and may be combined with Tincture of opium if indicated, for the pain and tenesmus; or with intestinal antiseptics, if much fermentation and decomposition. In any hemorrhage condition of the bowels or stomach, it acts quickly if given in sufficient doses. Externally, it may be used like iodoform in 10 to 20 % ointment or dusting powder and has proved very satisfactory in all conditions in which iodoform has been used. It is said to be especially good in moist eczema.

Toxic Properties. It is practically a safe remedy as Bismuth poisoning has not occurred with its use as with some of the other salts of Bismuth.

PRACTICAL LUNCHES FOR SCHOOL CHILDREN

What shall school children be given to eat at noon in the lunch basket, at the home lunch table, or in the lunch room operated by the school authorities? To help answer this question, which almost every mother and many of the educational

authorities are asking constantly, the U. S. Department of Agriculture, through the Office of Home Economics, has just issued Farmers' Bulletin No. 712, "School Lunches." This bulletin was prepared by Miss Caroline L. Hunt and Miss Mabel Ward, under the direction of Dr. C. F. Langworthy of the States Relations Service. The bulletin, after discussing the general principles of feeding school children to provide for activity and develop them into sturdy manhood and womanhood, gives a number of simple and appetizing menus for the school lunch basket and bills-of-fare and recipes for preparing inexpensive and nourishing noonday meals or hot dishes for children, either at home, on a school stove, or in the domestic science kitchen.

Relation of Lunch to Other Meals

In feeding a child or anyone else, the authors of the bulletin point out, it is not wise to think of any one meal apart from the other two. It is seldom convenient to provide at one meal all the materials needed by a growing body, and those which are omitted from one meal should be supplied by one of the other meals. The noon meal for children, however, where food must be prepared at home in the morning to be eaten elsewhere at noon, or where the children must hurry home, eat quickly, and then rush back to school, offers special difficulties and deserves the careful attention of parents.

Dietary Essentials for the Growing Child

Before it is possible to plan a rational basket or other luncheon for children, it is necessary for the mother to understand the general essentials of diet for young people. These essentials in general are an abundance of simple foods, carefully prepared, and of sufficient variety to provide energy, repair wastes, provide elements for building bone and tissue, and stimulate growth. To do this most effectively the three meals each day must supply the child with sufficient food from each of the following classes:

1. **Cereal or starchy foods.**—Cereals, eaten principally as bread, supply nearly half of the protein (commonly thought of as tissue-building material) and nearly two-thirds of the fuel or energy in the American diet. The quality of the bread, therefore, is extremely important. Its crust should be crisp and deep (indicating thorough baking), but not hard or burned. It should be light and free from any suggestion of sourness or rancidity. The crumb should be elastic and yet capable of being easily broken up in the mouth without forming a sticky mass, or being too dry to taste good. These qualities can be secured in rolls and biscuit as well as in or-

dinary bread, provided they are cooked thoroughly. The objection to hot bread is due to the fact that undercooking may leave it soggy on the inside, rather than because such breads are eaten hot. The child's appetite for bread may be stimulated by using different kinds of bread, zwieback and crackers, by the addition of raisins, currants, or nut meats, and sometimes by cutting the slices into fancy shapes.

Cereal mushes and ready-to-eat breakfast foods supply nearly the same nutrients as bread, a half cupful of cooked cereal being about equivalent to a good-sized slice of bread. A tablespoonful of cream is about equivalent in fat to a liberal spreading of butter.

2. Protein-rich foods.—While bread and cereals come near to fulfilling one of the important requirements of diet—a correct proportion of nutrients providing fuel only and those useful for body building—other foods which provide protein in larger proportion as compared with fuel should not be neglected. These foods include milk, meat (except the very fattest), fish, poultry, eggs, cheese, dried beans, cowpeas, peas, peanuts, and almonds, walnuts, and other nuts. Nuts, of course, also contain considerable fat. Milk is an absolute essential, not only because it contains a large number of nourishing substances in forms easily assimilated, but also because, in some way not now fully understood, milk seems to promote growth and help the body of a child make good use of other foods. Milk is rich in most kinds of mineral matter, particularly lime, useful in the development of bone and tissue.

Milk should never be omitted wholly from the diet of a child. If not used at luncheon it should appear at other meals. For luncheon, however, it has been found that such dishes as milk toast, milk soup made with vegetables, fish or vegetable chowders, and cocoa are valuable foods, easily prepared at home or in the school, because they require no oven and call only for simple utensils. White sauces made of vegetable juices, milk, or broth, differ from milk soup largely in that they contain more flour. When considering milk, the food value of skim milk, which contains a larger percentage of protein though less fat than full milk, should not be overlooked.

Eggs, the next of the protein foods commonly given to children, contain much iron and their yolks are rich in fat.

3. The fatty foods.—The fatty foods, such as butter, cream, salad oils, bacon, and similar foods, are important sources of energy and nourishment for the growing body. Fats are best given in such simple forms rather than in rich pastries or sweets.

4. **Fresh vegetables and fruits.**—Because ordinary vegetables such as potatoes, greens, lettuce, green peas and beans, asparagus, and others, and the ordinary fruits do not contain much fat or protein, their value in the child's diet is frequently underestimated. These things, however, should be considered a necessary part of the diet of the child for the very important reason that they furnish mineral and other materials required to form bone and tissue as well as to repair waste and supply some energy. Green vegetables are valuable particularly because they contain iron in forms which the body can utilize. Fruits contain a considerable percentage of sugar, especially when they are dried, and sugar is a quickly-absorbed fuel food. As things eaten raw transmit disease germs, care should be taken to wash vegetables and fruits thoroughly in several waters. Many fruits, especially those with skins, can be dipped safely into boiling water, while those with thick skins, such as oranges, bananas, and apples, may be safely washed even with soap. Dried fruits when washed and put into an oven to dry absorb some of the water, and thus are softened and improved in taste.

5. **Sweets and Desserts.**—Sugar, as has been said, is a quickly absorbed fuel food and simple sweets have their place in the diet of all children. If not served between meals or at times when they destroy the appetite for other needed foods, there is no objection to them. They may be served in the form of cake not rich enough to be classed as pastry, cookies, sweet chocolate, simple candy, honey, dried or preserved fruits, maple sugar, and loaf sugar. In general, fruits, fresh, baked, or stewed, or raw, and simple sweets are much better desserts for children than rich pastry which contains a large amount of fat.

The following suggested menus for the school lunch basket give the child, as nearly as is practicable in such a meal, the proper proportions of the different classes of foods:

For the Basket Lunch

1. Sandwiches with sliced tender meat for filling; baked apples, cookies or a few lumps of sugar.

2. Slices of meat loaf or bean loaf; bread-and-butter sandwiches; stewed fruit; small frosted cake.

3. Crisp rolls, hollowed out and filled with chopped meat or fish, moistened and seasoned, or mixed with salad dressing; orange, apple, a mixture of sliced fruits, or berries; cake.

4. Lettuce or celery sandwiches; cup custard; jelly sandwiches.

5. Cottage cheese and chopped green-pepper sandwiches, or a pot of cream cheese with bread-and-butter sandwiches; peanut sandwiches; fruit; cake.

6. Hard-boiled eggs; crisp baking-powder biscuits; celery or radishes; brown-sugar or maple-sugar sandwiches.

7. Bottle of milk; thin corn bread and butter; dates; apple.

8. Raisin or nut bread with butter; cheese; orange; maple sugar.

9. Baked bean and lettuce sandwiches; apple sauce; sweet chocolate.

The provision of a bottle of milk is suggested in one of the menus, but of course taking milk to school in warm weather would be impracticable unless means were provided for keeping it chilled until it is consumed.

The school lunch container, the specialists point out, should permit ventilation, exclude flies, and should be of a material which permits thorough washing in boiling water. If glasses, paper cups or spoons are provided, the child should be warned against letting other children use them. The child should be encouraged to wash his hands before each meal, and for this reason paper towels, paper napkins or clean cloths should be provided. Food that does not require ventilation should be carefully wrapped in paraffin paper, and the soft or liquid foods should be packed either in jelly glasses, screw-top jars, or paper cups.

It is, of course, very good for the child to have at least one warm dish at noon—a vegetable milk soup, vegetable or fish chowder, meat and vegetable stew, or a cup of cocoa. These things are easily prepared on ordinary stoves with ordinary utensils in a school where interested mothers or teachers agree to do the cooking and serving and where dishes and spoons are available. Almost any school, however, could by co-operative arrangement with the parents see that the children get a cup of good milk at noon.

Soft fruits, such as berries, which are difficult to carry in lunch baskets also might be prepared at school. Where these dishes are provided at school (the meat or milk dish and the fruit) the lunch basket would omit the meat dishes, and provide merely bread and butter or crackers and cake.

HYPERTROPHY OF TURBINATED BODIES

C. M. Neldon, M. D., Coshocton, Ohio

Hypertrophy of the turbinated bones in this climate is common. Septal deformity is one of the chief causes.

The anterior portion of the septum is most often affected by spurs or curvature, sufficient to press against the inferior turbinate, thereby interfering with free drainage and ventilation of the nose. With this obstruction present the patient does not breathe clearly through the nose and with the diaphragm acting as a piston valve in a syringe the air in the post-nasal cavity is rarefied. This negative pressure causes the vascular tissue of the turbinate bones to fill with blood and cause further irritation by constant pressure against the lateral wall and septum. Adenoid growths in the post-nasal pharynx by occlusion of the posterior nares causes nature to step in and try to help close the cavity not in use by hypertrophied turbinal tissue and partly by the drawing in of the alæ of the nose. Irritating dust and vapors by their irritating effect on the mucous membranes cause an abnormal amount of secretion of mucus, allowing more blood to flow to the mucous tissue on the turbinates and giving it an over amount of nutrition. These hypertrophied conditions vary in structure.

In hyperplasia there is a thickening of the mucous membrane by an increase in the number of cells, from slight and prolonged irritation by the secretion from the sinuses. In the middle turbinate the mucous membrane may be edematous from pressure, or the middle turbinal bone itself may have developed into a wide expanded shell formation containing a large cell in the center. Any one of these conditions causing a pressure on the uncinate process and bulba ethmoidalis sufficient to close the infundibulum, preventing drainage from the frontal, anterior, ethmoidal and maxillary sinuses. The patient experiences months of dull aches and pains over these regions. At times the pain becomes agonizing and severe, and all the time he complains of a "stuffed up" feeling in the nose and breathing through the nostrils is difficult.

The inferior turbinate does not cause as much trouble as the middle. When it touches the floor of the nares and will not shrink under treatment just the lower edge of the bones should be removed. To take off just the thickened membrane on the lower border only aggravates the trouble, as it is replaced very rapidly.

Simple hypertrophy of the inferior turbinate many times will resume its normal size and position if the middle turbinate, which is exerting pressure on it, is removed.

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ALCOHOL IN MEDICINE

In the beginning there was a class of medical men known as Botanics or Herb Doctors. As the name indicates the remedies which they employed were largely confined to herbs, roots and barks. Some of the more radical being bitterly opposed to the use of any mineral drug whatsoever. These remedies usually were dispensed in their crude state to be taken without preparation or with directions to make them up into an infusion or a decoction. This method, while reasonably efficient, proved to be cumbersome; and in due time it was discovered that by skillful manipulation all the virtues of this class of remedies could be extracted with alcohol. Furthermore, by reason of the preservative qualities of the alcohol the remedy would retain its activity for a long time. Possessing such marked advantages it naturally followed that tinctures superseded infusions and decoctions except in a few drugs. As the country settled up medicinal plants became increasingly difficult to find, the doctor ceased to botanize and the manufacturing pharmacist supplied the deficiency. Later the latter came into entire possession of the field and is likely to remain

undisturbed so long as the present efficient methods are maintained. As stated above alcohol is a necessary factor in the extraction and preservation of plant drugs. Many substitutes have been tried but all have been found wanting. Without depreciating in the least the value of the prohibition movement we desire to call attention to the fact that it may become too radical and seriously interfere with the supply or reliability of many commonly used drugs. This state of affairs confronts all users of plant drugs and is not at all confined to any particular school of medicine. The following article from the National Druggist contains much valuable information.

THE A. M. A. TRYING TO RIDE INTO POWER ON THE PROHIBITION WAVE

The present year seems to have developed a new form of attack against the drug trade. And it is an insidious and a very dangerous one, which it is going to tax the wisdom and capacity of the trade to meet and overcome.

Like most of the assaults which have preceded it, this one is glozed all over with benevolent pretensions, its avowed and ostensible object being to advance the cause of temperance and sobriety.

With this praiseworthy end as the pretext, bills were introduced in a number of our state legislatures during their recent sessions, further to restrict and in some instances absolutely to prohibit the manufacture and sale of ready-made medicines which contain alcohol in proportions as low as from one to ten per cent—a few going so far as to place the ban on preparations that contain the substance in any quantity.

It is to the extreme prohibitionists that the responsibility for these absurd measures has been charged, and, as a matter of fact, they were immediately responsible for their introduction and were their only open advocates. But it ought not to require any great degree of astuteness, at least on the part of well-informed individuals in the drug trade, to suspect in this, as has been seen in most of the previous assaults on their business prosperity and integrity, the fine Italian hand of their old arch enemy, the American Medical Association. Indeed, it is but the natural outgrowth and logical development of a well-considered campaign, instituted a few years ago by the medical schemers and first brought prominently before the public in the fight against the Chattanooga Medicine Company, to create the impression by suggestion, insinuation and in some cases by direct charge, that proprietary medicines owe their popularity, not to any remedial

virtues they possess, but chiefly, if not entirely, to the artificial stimulation they produce. It was doubtless hoped by this false play to win over to their cause the prohibition sentiment of the country and to use it for the advancement of their own destructive purposes. And it was probably as a part of the scheme, that, as it will be remembered, reprints of articles from the Journal of the American Medical Association were circulated among the clergymen of one or more of the religious denominations, in which the changes were rung on the alcoholic content of some of these preparations, which were stigmatized as "bracers," "tipples," "disguised booze," etc.

Now, if there is anything about which the United States government is particularly strict it is in regard to the sale of alcoholic concoctions masquerading as medicines. By a special ruling of the U. S. Internal Revenue Department, which has been most stringently enforced, the Special Liquor Dealers' Tax is required for the sale of "all medicinal preparations that are insufficiently medicated to render them unfit for use as a beverage." It is plain, then, that if the insinuations of the A. M. A. had been true—if proprietary medicines generally or any considerable number of them were of such a nature as to permit their use as alcoholic stimulants, and especially in view of their enormous sale by druggists throughout the country without the payment of the Special Liquor Dealers' Tax, it would necessarily have followed that druggists as a class were violating the Internal Revenue laws every day and rendering themselves subject to criminal prosecution in the United States courts. But the fact that there were no prosecutions on that score gave the lie to the A. M. A. slanderers and placed them in a position where it was necessary for them to do a little explaining. They were further confronted with the fact, well known to but ignored by them, that there are dozens of the official preparations which are daily prescribed that contain alcohol in much larger proportions than it is found in any of the ready-made medicines and hence that the objection to ready-made medicines on account of their alcoholic content would fully apply to the official preparations as well. And so to extricate themselves from a dilemma in which they thus found themselves, the medical uplifters had to "explain" again, and then declared that it was not against the proper use, but only the abuse of alcohol that they were protesting and that since, like morphine and other habit forming drugs, it is a dangerous ingredient, it should not be taken in a medicine of any kind except on the advice and with the consent of a physician—

the logic of which position, of course, is that since no physician can "ethically prescribe a proprietary of any sort not vided by the A. M. A., proprietary preparations containing alcohol in any quantity could not be sold at all—a very good thing for the monopolistic doctors, but a very bad thing for the manufacturers and druggists, as all must admit.

But the selfishness and crafty design of this proposal were so plainly apparent, that prudence seems to have dictated another shift of position, and this time they went to extremes that were not dreamed of in the beginning of their campaign. And, following—a propaganda, that was carried on in the various association journals, as if to prepare the minds of the profession for the ready acceptance of the radical "discovery" later to be announced, the pronunciamiento has recently gone forth that: "It is the unanimous opinion of the Council on Health and Public Instruction that alcohol has no drug value, either as a stimulant or as a tonic or as a therapeutic agent," and that "its use in medicine is detrimental, rather than beneficial, to those to whom it is administered." This opinion, unanimous and absolute and without exceptions or qualifications, is given to the world in an ex cathedra manner and with all the assurance of an imagined infallibility, as if the members of the Council had hypnotized themselves into the belief that, like Job's tormentors, "they are the people and all wisdom shall die with them."

Now, alcohol has occupied a definite and acknowledged place in the armamentarium of the physician from the time whereof the memory of man runneth not to the contrary. It is still being employed in medical practice to a greater or less extent every day, and everywhere, its usefulness being supported by a vast accumulation of medical authority of all ages and countries; and yet this Council on Health and Public Instruction of the A. M. A. appears suddenly to have discovered that the profession has been entirely in error in the past, and a remedy long respected and extensively employed is ordered thrown into the discard. The fact of this unanimity on a question diametrically opposed to long accepted medical opinion, given thus dogmatically and with no pretense of evidence to support it, is enough of itself to excite suspicion of its soundness, not to say its good faith and honest purpose. But when coupled with the radical change of base and the sudden conversion which this change implies, together with the even more important fact of the peculiar source from which the dogmatic utterance emanates, we do not think any injustice is done the gentlemen composing the

Council on Health and Public Instruction when we express the conviction that the whole thing is a game of flim-flam which they are attempting to practice on an over-confiding people.

Now, let it be noted that there is a special department or division of the A. M. A. whose peculiar function it is to deal with therapeutic questions, to settle therapeutic disputes and, broadly, to instruct the profession as to what remedies may or may not be "ethically" prescribed. It is known as the Council on Pharmacy and Chemistry, and has been exceedingly active along the lines of its prescribed duties and appears to enjoy the unbounded confidence of the A. M. A. leaders, both as regards the fitness of its members for the duties assigned, and with respect to their fidelity to the A. M. A. policies and purposes. Now, if it had honestly been desired to have this question of the therapeutic value of alcohol passed on authoritatively, most naturally it would have been referred to this Council on Pharmacy and Chemistry. But instead of so referring it—instead of entrusting this important duty to those who by virtue of their appointment, learning and experience are presumed to be experts in therapeutics and hence specially qualified to pass upon the question involved, its determination was committed to or assumed by the Council on Health and Public Instruction, a political, not a scientific body, which, therefore, has nothing whatever to do with matters therapeutic, but whose sole duties are those of propaganda to the public—of exploiting the schemes and policies of the A. M. A. to the people and of seeking to give them legal effect by bamboozling the legislatures into enacting them into law.

Now, as to the bare question of the usefulness of alcohol from the standpoint of its therapeutic purpose, we are not here concerned. All that the Council on Health and Public Instruction has said on this score might for the purposes of our argument be admitted; but this would be no argument against the employment of alcohol as a preservative, solvent and extractive, for which purposes it is chiefly, if not entirely, employed in the manufacture of proprietary medicines. But the medical schemers know very well that the average layman will not differentiate or understand the difference between its use as a therapeutic agent and for pharmaceutical purposes; and, hence, when the point is stressed that it is without therapeutic value or purpose, the impression will easily be created that when it appears in proprietaries it is put there by the manufacturers with the deliberate purpose of

palming off alcoholic concoctions as medicines.

One would suppose that intelligent men would see through so palpable an attempt to "use" them, and that the prohibition leaders would resent the attempt so to impose on them. But reformers generally, especially social and religious reformers, in the impetuous pursuit of the objects of their zeal, are usually lacking in discernment and judgment, and are not always over-scrupulous in their use of means to carry their points; and they eagerly seize upon any fact or argument that seems to bolster up their positions or that promises to advance their cause, more especially when, as in the present case, these arguments have the appearance of high scientific authority.

It is evident therefore, in view of the present excited state of public opinion on the alcohol question, that the drug trade must prepare to meet this new form of attack and strive to beat back the wave of ignorance, fanaticism and hypocrisy that threatens to engulf them.

There is no necessity, however, for the trade to involve itself in the prohibition controversy. Let each individual act with regard to that question as his judgment and conscience may dictate. But since every druggist knows that alcohol has a legitimate and useful place in medicine, and that for pharmaceutical purposes there is no known substitute for it, he should take it upon himself to educate the public, as well as the legislatures, to this fact, to do which, the first step will be to pull off the mask of philanthropy behind which the organized medical profession is working, and to exhibit them as they are, a lot of political schemers, always seeking their selfish advantage, and not always over-scrupulous as to the methods they employ for that purpose.—The National Druggist.

PHYSICAL EXAMINATIONS IN PUBLIC SCHOOLS

In New York city the health department is demanding that "each pupil at the time of his or her admission to a public school, or free school supported in whole or in part by funds obtained from direct taxation," shall be examined "in the absence of all clothing" by a "duly-licensed physician authorized to practice medicine in the State of New York."

We must confess that we do not like this sort of business. It is not exactly compatible with our ideas of freedom. We are foolish enough to presume that most parents in America are still wise enough and good enough as parents to look after

the welfare of their own children. Most parents have about as much sense as most doctors. Of course, we must admit that there are many parents who are not only ignorant, but who lack the instincts of parenthood. That there may be some neglected children should not subject all alike to the attentions of a public inspector of children's bodies.

In Newark, N. J., the mothers of high school girls have assumed a hostile attitude toward the compulsory doctors, and we do not blame them. They ought to start a riot. Every man who holds a certificate from the state, is not either professionally or morally fit to strip another man's daughter, even to the waist, as the rule seems to be in that state. The Newark women allege that absolutely no regard was paid to the modesty of the girls. The state doctors took the girls in groups, after the fuss has been made about it. These officious doctors refused to pay attention to the protests of parents, even when they sent with them certificates from their own family physicians.

It is not all the public against the doctors, but it is the doctors against the doctors. Case after case is cited in which the family physicians have stated that the children sent home as suffering from this or that alleged defect or disease, had no such defect or disease. The diagnoses of the public doctors were not worth the paper on which the results were noted. We have here in Iowa already recorded the statement of an eminent oculist who found that five out of six children sent to him by a public inspector to be fitted for glasses had no appreciable eye defects and he refused to put glasses on them, for glasses might produce the defects that the inspector found.

It seems to us that it is a system of putting the whole public at the mercy of doctors who happen to get into certain offices. We are not entitled to be thus delivered, and our children, also, to doctors who are not of our own choosing. Some of us do not want any doctors at all, either for ourselves or for our children. And we have the knowledge that all medical knowledge up to the present date is more or less experimental and speculative. The science of medicine is not yet an absolute science. The findings of doctors are at variance. One finds this, another that, and it is seldom that any two are agreed. The chances, therefore, are that neither one may be correct, and to have compulsory inspectors and then compulsory treatments—for unless the findings of the inspectors are heeded the children cannot be returned to the schools—is not only unscientific but it is outrageous.—From an editorial in Cedar Rapids (Iowa) Republican.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

NEWS ITEMS

Wanted: To purchase, second hand, a physician's office weighing machine.

We understand there is a good opening for an Eclectic at Willows, Glenn county, California. Address T. J. Wilbourn, Willows.

Dr. Henry Gross announces the removal of his office to 936 South Alvarado street, Los Angeles.

Dr. Rose L. Burcham has changed her address from 312 Coulter Bldg., to Citizens National Bank Bldg., Los Angeles.

Dr. A. S. Brackett has changed his address from 1336 W. 11th Street, to 1057 Overton Street, near 11th, Los Angeles.

Dr. H. V. Brown has built a new home in Glendale, which is just about finished. He will reside in Glendale, but have his office in Los Angeles as at present.

Dr. J. H. White, wife and daughter, Des Moines, Iowa, have returned home after spending eight months in California, on account of the ill health of his daughter, who is now convalescent.

Died: Dr. L. E. Russell, professor of Surgery in the Eclectic Medical College, died suddenly at his home in Springfield, Ohio, on August 2nd, aged 69. Dr. Russell was a frequent visitor in Los Angeles.

Dr. Catherine Ohnemuller, a former student of the C. E. M. C., graduated from Hahnemann College, San Francisco, this year and passed the June State Board. She has opened an office at 426 California Bldg., Los Angeles.

The Westlake Hospital announces the arrival of the new

X-Ray equipment which was ordered some months ago. Their equipment is now complete for any kind of work in Roentgenology.

Dr. J. R. Buckingham, Big Pine, a graduate of the C. E. M. C., has received the commission of First Lieutenant in the Medical Reserve Corps. We extend congratulations and feel sure that the Doctor will reflect credit on the College when called to the front.

Dr. Carl G. Winter of Indianapolis, was elected grand worthy president of the National Fraternal Order of Eagles at their recent national convention in Buffalo, N. Y. Every member of the Order who enlists in the war will receive paid-up membership dues and \$1000 to be paid his estate in the event he is killed in action.

Dr. Felicie Pétit Plat has changed her address from 1619 Tróost Avenue, to 327 Altman Bldg., Kansas City, Mo.

Dr. W. F. Holman of Los Angeles will leave about the first of October for San Francisco and the northern part of the state in the interest of the Order of the Eastern Star, of which order he is the Grand Patron for the State of California.

The next meeting of the California Board of Medical Examiners will be held in Los Angeles, October 9th to 13th.

Dr. E. C. Galsgie, a former graduate of the C. E. M. C., who is located in Reno, Nevada, was in the city during September. Dr. Galsgie accompanied his father, Dr. Galsgie of Buffalo, N. Y., to Los Angeles, where the father took the train for home.

Dr. Lawrence Keegan of San Diego, spent a few hours in Los Angeles recently en route to San Francisco.

Dr. Carey Billingsley of Santa Ana, who appealed to the district board for exemption from the Army Draft had the same allowed.

Dr. I. Woodin of Independence was in the city for a day recently. He accompanied a patient to the Westlake Hospital.

Dr. O. C. Welbourn enjoyed a week's camping trip in the mountains during September.

Dr. and Mrs. H. T. Webster, after spending the summer at the springs in Monticello, Napa county, spent a few weeks in Oakland, and then during the last week in September went east for a year. Their address will be Paulding, Ohio.

Dr. J. A. Nichols has changed his address from 21 Wilcox street, to 111 Euclid avenue, corner of Dickinson street, Springfield, Mass.

"ARE YOU SAVING your money to invest in the second issue of THE LIBERTY LOAN?"

The California Eclectic Medical Journal

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Original Contributions

THERAPEUTICS OF SOME OF OUR INDIGENOUS REMEDIES FOR DIARRHOEA

H. C. Smith, M. D., Glendale, Cal.

Read Before the California Eclectic Medical Convention.

Consideration of the therapeutic action of these indigenous plant remedies in the condition loosely spoken of as diarrhoea, is predicated upon the understanding that the patient has been thoroughly examined; specific causative factors eliminated; all irritating or otherwise offending matter eliminated from the gastro-intestinal tract, and febrile conditions given proper attention.

The writer vividly recalls his early boyhood in the Middle West, and how some of the hot summers served him. One summer in particular, found him without appetite, pale and listless, weak, emaciated and relaxed, and suffering from an intractable diarrhoea. Remedies prescribed by the local physicians would usually check the diarrhoea temporarily, and thoroughly nauseate. One Sunday, the family visited friends some three miles away in the country; the day being depressingly hot, and the writer distressingly sick. The friends said that a weed about three feet high, having a straight stem and long slim leaves looking like a small willow, grew along our road home; that if we would gather some of it and make a tea of the leaves, a cure would be speedily effected. The advice was followed, and the prognosis fulfilled. The tea gave prompt and permanent results. After the writer began the study of medicine, the weed was recognized as *Epilobium Angustifolia* or Willow Herb. Several species of *epilobium* are similar in action to the *E. angustifolia*; *E. palus-*

tre being the species from which Dr. J. M. Scudder prepared his tinctures. As water fully extracts the virtues of the remedy, an infusion is, perhaps, the preparation of choice when the fresh plant is obtainable. The action of the specific medicine *epilobium* is prompt and efficient, but the dose is rather large, and the taste not at all pleasant. The drug is utterly ignored by old-school text-books to which I have access, and those of our own school merely state that its physiological action is tonic, astringent, emollient and demulcent. However, as its constituents are mucilage, tannic and gallic acids, it is safe to classify its action as that of a soothing astringent that produces a secondary tonic effect through its prevention of farther leading of serum from the tissues, and shedding of mucous membrane from the gastrointestinal tract. The specific indications for the remedy, as given by our eclectic authorities, are true guides to its proper use: *Diarrhoea*, especially of a subacute or chronic character, watery and feculent, with dry, harsh skin resulting from loss of body fluids, and general enfeeblement from the same cause. Loss of appetite. This practically covers its therapeutic action, and it is frequently indicated in typhoid fever to control the diarrhoea, as well as in the diarrhoea that result from the relaxation caused by excessive heat or humidity.

Another remedy of great value for the relief of diarrhoea, is *Geranium maculatum*, or *Cranesbill*. The part employed is the rhizome, of which the active constituents are tannic acid, to the amount of twelve to seventeen per cent., and gallic acid in varying amounts—often in sufficient quantity to bring the total tannin content to twenty-five per cent. The preparations are, the fluid-extract, of which the dose is ten to sixty minims, and the specific medicine, of which the dose is one to fifteen minims. Neither of the preparations is unpleasant to the taste, and, because of this fact and the small dose, the specific medicine, especially, is of great value in the diarrhoeas of children. As to the physiological action, the statements regarding *epilobium* apply to *geranium*. The specific indications for its use are: mucous, or mucobloody, discharges from any mucous membrane; due to atonic, enfeebled, and relaxed state of these membranes.

When the large tannin content of this drug is taken into consideration, we readily understand why this agent produces such prompt and gratifying results, not only in subacute and chronic diarrhoeas, but in relaxed and atonic states of other mucous membranes. Its local astringent action is marked,

and in the condition known to the laity as bloody-flux, an enema of starch-water containing geranium relieves the tenesmus and hastens recovery. Its internal use is indicated in this condition, also. My experience has been that it is none the less effective in acute colitis, if the pathology of the disease is taken into consideration, the febrile process be controlled by appropriate treatment, and the dose of geranium reduced to a minimum. It cannot accomplish anything but good in this condition; providing the dosage employed is not large enough to produce irritation.

These drugs have been excluded from the U. S. Pharmacopœa; presumably, I suppose, upon the theory that, as their active constituents being tannin and mucilage, there is no need for them. My experience has been, however, that no druggist can, or will, prepare a prescription containing tannin and mucilage that tastes as well or produces as prompt and efficient results as the galenical preparations from the crude drugs I have considered here.

SPONDYLOTHERAPY AS A THERAPEUTIC AGENT

Ella Mansfield Caryl, M. D., Los Angeles.

Read Before the California Eclectic Medical Convention.

In discussing this apparently new therapy, it seems to the writer that one should know something about the history of the general therapeutic agent from which this form of therapy has evidently been derived.

G. H. Kellogg, M. D., in giving the history of massage, says: "It is probably one of the oldest of all means used for the relief of bodily infirmities." He claims that there are evidences in the Chinese literature that massage was employed as a therapeutic agent as early as 3000 B. C.

In Japan the blind men do the work almost exclusively, possibly having learned the art from their Chinese brethren.

Kellogg also says: "Plutarch tells us that Julius Cæsar, a century before the Christian era, had himself pinched all over daily for neuralgia. It is known that Julius Cæsar was subject to a severe nervous disorder (epilepsy), and it is more than probable that his prodigious labors were rendered possible by the aid derived from massage."

In fact, massage was used by the eminent physicians of Rome, France, Greece, Norway and Sweden, and by the Finlanders, Sandwich Islanders, and New Zealanders, and even the residents of our own Needles, in California, state

that they have been eye witnesses to seeing the Indian squaw receive spondylotherapy from her liege lord by walking up and down her spine as she lay in a prone position on the ground.

All the above history about massage is to find a starting point upon which to base spondylotherapy. Massage, according to Kellogg, is divided into seven processes, namely: First, touch; second, stroking; third, friction; fourth, kneading; fifth, vibration; sixth, percussion; seventh, joint movement;—each having their physiological effect and therapeutic application, and each of the above headings are divided into minor procedures: Touch — passive touch, pressure, nerve compression.

Percussion is divided into: Tapping, spitting, clapping, hacking, beating.

Reflex percussion is applied by every physician in demonstrating the kneejerk, etc.

After massage had been established in this country about twenty years, Dr. Still conceived the idea of Osteopathy, which in the mean employs the joint movement and stretching procedures of massage, embracing a very thorough study of the spine and other joints,—in fact, the whole anatomy of the human body.

Of course, all physicians know that the Osteopaths have gotten away from the ten-fingered Osteopathy and for a great many years have taught all the subjects that are taught in any medical college (except pharmacy and materia medica), including anæsthetics and surgery, antiseptics and serums, etc., and of late have incorporated pharmacy and materia medica in their curriculum, but for all that their technique consists mostly of joint movement, which includes the specific lesion. In this way they put the spine into alignment and loosen up the muscles and ligaments that have become contracted from various causes, and in so doing relieve the pressure on the nerves and blood vessels, and let them perform their normal functions.

There are sometimes specific indications for working on certain parts of the spine, such as the cervical part of the spine for eye trouble, and on the dorsal regions for heart and liver diseases, and on the lumbar regions for pelvic troubles, and diseases of other organs supplied by that segment of the cord in that certain portion of the spine.

Of course, the Osteopath has received too much education to be a rubber, so he does mostly specific work.

Now in recent years here comes Albert Abrams, A. M., M. D., San Francisco, with his spondylotherapy which is a physiotherapy of the spine, based on the study of clinical physiology.

Regardless of what Dr. Kellogg says about the other procedures of massage such as friction, for instance, which will change the circulation by moving the surface blood and lymph in a mechanical way and also give a derivative effect in the treatment of inflamed joints and sprains, pelvic pains and cerebral congestions, relieve insomnia and reduce fevers by heat dissipation. While percussion is heat-producing in its effect, yet Dr. Abrams as the writer understands it, used the percussion by employing a U or horse-shoe shaped instrument with which he straddles the spinous processes and with a hammer strikes the instrument and claims that in this way he cures aneurisms, exophthalmic goiters, and many other supposedly incurable infirmities, by what he terms Reflex Ootherapy. The following is a catechism of Spondylotherapy:

"Its methods embrace the therapeutics of reflexes (reflex ootherapy) and its pathology is based on the study of clinical physiology. It concerns itself only with the excitation of functional centers of the spinal cord by different methods, which may be demonstrated with the same certainty in the living human subject as is done by the vivisectional experimenter. This phase of medicine is referred to by the author as Clinical Physiology. In brief Spondylotherapy is based on the clinical physiology of the human in contradistinction to the study of physiology by the laboratory vivisectionist. The human and not animal physiology is made the base of clinical pathology. The physician gives a more correct verdict concerning physiological proceedings than the physiologist himself." (Pavloff.)

The writer has been told that Dr. Abrams has recently discovered a method of splanchnic diagnosis, by which he attaches a wire to the patient and the other end of the wire to a healthy man and in this way he forms the diagnosis.

The greatest difficulty the doctor would have, it seems to me, is to find a healthy man.

However, when a man of such international reputation uses something else besides the old line chemical medication and is recognized by so many eminent physicians, it shows that some people are thinking and as Eclectics, we are entitled to know about and use the best methods.

There are a number of stimuli used for therapeutic purposes, such as chemical, thermo, electrical, mechanical, etc. Any method used must cause rechemicalization cell and tissue changes, to be of any therapeutic value. Whether the remedy goes through the blood stream or is used in a mechanical way, it must reach the sick cells of the body and produce a chemical change, and it remains for each physician to select from the storehouse of his knowledge that which is best fitted to the case in hand.

In my own practice I use any manual or mechanical means which I deem necessary for the specific ailment of the individual and very often find it necessary to give a general manipulative treatment all over the body. This treatment, with a judicious use of hydrotherapy, the proper attention to dietetics, a few creative and mental suggestions, and the necessary amount of Lloyd's Specific, will usually bring the patients out of their difficulties. They generally survive the ordeal and send their friends for what they think will be the same treatment. However, it is needless to say that they do not always receive that which they expect.

THE NECESSITY OF FIXATION OF THE FRAGMENTS IN BONE SURGERY

T. C. Young, M. D., Glendale, Cal.

Read Before the California Eclectic Medical Convention.

I wish to touch some of the most important points in bone surgery which have been observed in the last two years. Leading up to bone surgery, or any other surgery we must study the pathological conditions with which we have to deal.

First, I wish to consider the pathology of a fracture. We have a separation of continuity of the bone, and also of the soft parts, viz., periosteum, marrow, endosteum, and blood vessels as soon as this occurs, pathological exudate surrounds the fracture derived from the periosteum and endosteum, then due to this condition we have a stimulation of the cells of the osteogenetic layer of the periosteum and endosteum. These cells infiltrate the area of exudate and due to their specialized characteristics cartilage is formed; then following this change the cell becomes more highly specialized and becomes an osteoblast and firm bone is formed which completes the repair.

In operations for fractures I wish to call your attention

to the care of the blood supply to the part, particularly the periosteum. In making your incision make a clean cut through the tissues and periosteum to the bone, lift the periosteum from the bone if necessary, but do not separate the periosteum from the surrounding soft structure for two reasons. First, for preservation of the blood supply; and second, to prevent possible pockets for formation of bone exudate, blood clot and possible nodular callus.

Reduction of the fracture is of vast importance, almost any one can reduce a fracture, but the important factor is to reduce the fracture without injuring the periosteum, this is very necessary in comminuted fracture where several small pieces of bone are broken out, and if the periosteum is torn loose many times the small fragments may have to be removed.

The means of fixation is also of very great importance. The methods used among surgeons of today with favorable results are, silver wire, steel plate and screws (Lane), bone peg and bone inlay (Albee), any one of the methods if aseptically applied will bring good results just so long as the fracture is perfectly immobilized.

Whenever the fractured edges of a bone begin to move you may look for two things to occur: first, a very large callus (possibly impairing muscles, nerves, or joints), second, non-union. Failure of immobilization of fracture causes migration of the osteoblasts away from the point of greatest mobility consequently a smooth cartilaginous surface will form; this condition usually occurs in the shaft of long bones.

I wish to relate two case histories. The first a case of fracture of the neck of the femur in a lady seventy-two years of age, and at the present time the patient is in good condition. On March 12th, 1916, I operated; the X-ray plates show a complete fracture of the neck of the femur. I cut down upon the joint, reduced the fracture, inserted two 12-penny nails, toe nail fashion, closed the capsule of the joint and tissues with bronze wire and left a slight drainage. I put the patient in a double abduction Troft Splint with a nine-pound extension on the broken leg. I let this remain for nine weeks, then allowed patient to leave the Hospital. In seven months I removed the nails, and now the patient has a perfectly mobile joint and no pain, only one-quarter-inch shortening. The X-ray plates show nails, and condition at the present time.

History No. 2—A boy fourteen years old with a fracture of the clavicle gives a history of three fractures of the same bone. The condition was an over-lapping of the fragments and non-union; every time the boy would get a fall the callus would loosen; consequently I did a bone inlay operation (using the Albee bone instruments). This I will show you graphically. The patient is in good condition and has a complete restoration of the function of the clavicle as is shown in X-ray.

PROLAPSUS OF THE UTERUS WITH CYSTOCELE AND VESICOCELE

H. H. Helbing, M. D., St. Louis, Mo.

This condition, all physicians will concede, is extreme and often puzzles a surgeon as to just what procedure he will institute in order to overcome the wrong. Numerous kinds of pessaries have been devised to relieve these patients, but they are merely makeshifts and are liable to aggravate the condition by producing irritation, which may result in cancer. Every patient who has as severe a wrong as the title of this paper would indicate should be prevailed upon to have an operation performed to cure the condition. In a condition as severe as this we not only have a prolapsus of the uterus, but we also have a prolapsus of the vaginal wall, anterior and posterior, which carries down with it the bladder and rectum. The wrong is more apt to occur in corpulent women and especially those who have had many children, and in cases where lacerations have not been properly cared for. It is remarkable how little constitutional symptoms are manifest, and those usually only due to the constipation and bladder irritation, thus being purely mechanical in their nature. These are enough, however, to make life a burden to a sufferer of this kind.

There are differences of opinion among surgeons as to the best operative method of overcoming procidentia or extreme prolapsus of the uterus. Some advise the removal of the uterus, others claim it should be left. I believe that method should be selected as will best fit the case.

If a hysterectomy is done it is best to select the abdominal route in order that we may attach the vesico-uterine and recto-uterine ligaments to the stump of the broad ligaments in such a way as to support the bladder and rectum and thus prevent a prolapsus of either or both. Not only this, but a

perineorrhaphy is necessary in all these cases in order to support the vaginal wall. A vaginal hysterectomy in procidentia is liable to be followed by a prolapsus of the vaginal wall to such a degree as to have a protrusion from the vulva as prominent, as was the uterine prolapse previously.

A case of this nature recently came under my care. She had been operated upon seven years before, a vaginal hysterectomy having been performed by another surgeon while I was in Europe. At that time I might have done the same operation in the same way with the same result, but I have learned differently. We found upon careful examination a very thin rectal wall, as well as a thin bladder wall, both rectocele and vesicocele being quite large. After making an incision from above downward along the posterior vaginal wall we carefully dissected off the vaginal from the rectal wall, continuing the dissection of the vaginal flaps laterally to freshen the perineal wall. A buried suture of fine catgut drew the perineal wall together over the rectal wall, gradually building up a firm perineal body. Two provisional mattress sutures of silkworm gut held the perineal body still more firmly and finally interrupted superficial sutures of chromic gut closed the posterior vaginal and perineal wound.

The cystocele was operated by making an incision over the protruding mass, carefully dissecting down to the bladder wall, which was gradually pushed off of the vaginal wall. After the bladder is sufficiently detached it shrinks up and is easily supported by placing two or three deep mattress sutures so that they pass adjacent to the wall of the bladder. They are tied so as to oppose the two vaginal flaps not too tightly. The superabundant vaginal tissue is trimmed off with scissors, leaving about a quarter to a half-inch of flap extending beyond these sutures. We now use a continuous catgut suture to coaptate the vaginal edges. I adopt this technique in all cases of cystocele, as well as vesico-vaginal fistulæ, and have never had a failure. There was some sloughing of the rectal wall in this case which resulted in a rectovaginal fistula. A second operation resulted in a closure and a complete cure of the case.

When the uterus can be left I do what is called a Wertheim operation. This is done vaginally. We first make an incision along the anterior vaginal wall and dissect up through between the bladder and uterus until we enter the pelvic cavity. We bring the uterine fundus down into the incision; that is, invert it or antevert it, if you will, so that the body of the uterus rests against the bladder, thus sup-

porting the bladder. A couple of catgut stitches are placed through the uterus and adjacent tissues in order to hold it in position. You will now find that the cervix has been pulled upward, pulling with it the vaginal walls. The vaginal flaps may be trimmed off and a continuous suture introduced to close the opening. An operation to overcome the rectocele and to build up the perineal body will complete the work. This operation is selected in women who have no family history of cancer.

The advantages of this latter method is the absence of shock, the avoidance of a ventral hernia, which is apt to occur if an abdominal hysterectomy is done, owing to the fat abdominal walls we most always encounter in these cases. Then, too, the patient is more easily induced to have an operation of this character than to have to sacrifice any of her organs.

Conclusions

1. The Wertheim operation is to be preferred for procidentia providing the uterus and appendages are healthy.

2. Abdominal hysterectomy is second choice and should be resorted to if there is subinvolution of the uterus, endometritis, or any reflex symptoms indicating that there is uterine trouble.

3. In addition to either of the above operations perineorrhaphy is, as a rule, necessary.

4. Operative interference is indicated, no matter how old the patient may be, the only contraindication being great feebleness of the individual.

5. Preparatory treatment may strengthen such a patient so that she may withstand an operation later, especially the Wertheim.

THE HISTORY OF A MAMMARY CANCER

J. W. Fyfe, M. D., Saugatuck, Conn.

While the usual origin and course of mammary cancers are well known to all physicians and surgeons, it is possible that the case herein reported may present features of interest to the medical profession.

In the early part of July, 1904, Mrs. G. fell against a dressing case, bruising her right breast, which soon became discolored and somewhat painful, but no special attention was given to the accident. One year later she called my attention to the injured gland, when I found a hard immovable lump in it about

the size of a walnut, and advised its immediate removal. This she neglected to have done, and in due time the "old, old story" of a neglected injury to the mammary glands was repeated and another cancer added to the world's enormous list of this life-destroying disease; but Mrs. G. still refused to have the breast removed.

In 1913, the cancer had involved fully one-half of the gland, and to her affliction was added a mild, but constant uterine hemorrhage. I now declined further connection with the case unless the woman would agree to follow my advice and comply with my directions in every particular. This she readily agreed to do, and after appropriate constitutional treatment, she was taken to the Galen hospital, where a supra-vaginal hysterectomy was done and the uterus found to be studded with fibroids, and several submucous tumors were also found. She recovered nicely from this operation, and ten days later the entire right breast was removed. Both wounds healed perfectly, and mainly by first intention. Recovery from these operations was uneventful, and her general health became good. Two months later, however, a lump as large as a hen's egg developed in her left hip, causing severe pain. Vibration was employed over the hip tumor and in about six weeks it entirely disappeared. From the time of the appearance of the lump in her left hip she never was able to walk without crutches, although she possessed a fair degree of health.

On November 1, 1914, the bowels and kidneys failed to perform their functions, secretion and excretion of these organs having entirely ceased. She soon passed into a comatose state and died on the fifth of the same month. What was the immediate cause of the patient's death? Is it not possible that she had a growth in the medulla that interfered with the centers controlling the vasomotor nerves, and, furthermore, is it not possible that she may have had a metastatic carcinoma of the left hip? But be this as it may, it is certain that Mrs. G.'s case affords additional evidence of the fact that all immovable tumors found in the female breast, be they ever so small, should be promptly removed.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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ANCIENT EGYPTIAN PHILOSOPHY

In the time of the Fifth Dynasty and during the reign of Assa, King of Upper and Lower Egypt, there lived a certain wise man, Ptah-hotep by name. Not only was he revered for his wisdom after his death, but also he was highly honored during his life-time. Many emoluments were bestowed upon him and also many responsibilities. Probably the most important of his offices was that of Supervisor of the Education of the Crown Prince. To comprehend fully the significance of this position it is necessary to remember that the King was an absolute autocrat, and, "as the twig is bent so grows the tree." In the furtherance of his duties to the youth, the King, and the people, Ptah-hotep wrote a book containing much wisdom. It was designed as a text-book and so used by the Egyptians for many centuries. It is somewhat of the style of Solomon's Proverbs, though antedating the latter by several centuries. In fact it is the oldest book known today; and it is indeed a most remarkable work for any age to produce.

The author writes of the duties of mankind in the home

and abroad, but at this moment we are particularly interested in his theory of government. Precept VI states the duties of the Crown Prince to his people when he shall have become King. It reads:

"Inspire not men with fear, else God will fight against thee in the same manner. If any one asserts that he lives by such means, God will take away the bread from his mouth; if any asserts that he enriches himself thereby, God says: I may take these riches to myself. If any one asserts that he beats others, God will end by reducing him to impotence. Let no man inspire men with fear; this is the will of God."

Reread these precepts and ponder over the probable state of the world today if the German Kaiser had been brought up on this diet. How much has society improved in the science of government in the last 5000 years? "Verily the world do move," but it is mostly an up and down motion like the waves of the ocean. Ptah-hotep was, and still is, a wise man. Eventually he grew old, as other men have done before and since, and he speaks of the infirmities of age in language of great strength and purity." . . . Decay falls upon man and decline takes the place of youth. A vexation weighs upon him every day; sight fails, the ear becomes deaf, his strength dissolves without ceasing. The mouth is silent, speech fails him; the mind decays, remembering not the day before. The whole body suffers. . . ."

INEXACTITUDE IN MODERN THERAPEUTICS

Years ago, when X-ray therapy was more enthusiastically viewed than today, we were constantly confronted with the question of dosage. True, the ampere-meter indicated the current flowing through the primary and the milliampere-meter that delivered to the tube; tube distance, spark-gap interval, and the relative hardness of the tube, gave some indication of the dosage the patient was receiving, but there was no accuracy possible. Today the fact that several complex methods exist for estimating dosage shows that none is entirely satisfactory, that of Sabouraud and Noire probably being the most practical. X-ray therapy never will be upon an entirely satisfactory basis until after standards of dosage are determined.

While one can give a definitely ascertained dosage of the galvanic current, the newer high-potential currents are measured only approximately by the hot-wire meter, a means not at all comparing with definite standards. There are methods

of "registering" the faradic current, but there is no known way for measuring it in definite units and administering an exact dosage.

Radium

The unit of emanation is the curie, from one gram of pure radium in equilibrium, and this is divided into the millicurie. One Mache unit equals 4.5 multiplied by 10^{10} curies. Therefore 1,000 Mache units are approximately the amount of emanation in equilibrium with $1/2,000$ mgrm. of radium. Now this is all right as a matter of physics and based on radium in equilibrium, but radium not in equilibrium may be 40,000 times as active as that noted above, or much less than 40,000 times as active. So where are we?

Radium is an active substance, but hard to control and its activities difficult to measure. We are yet very far from attaining to accuracy in the dosage of radium or from evolving really workable physical constants for it, therapeutically considered.

Synthetics

Synthetic science has accomplished wonders, especially in the building up of unstable chemical compounds. Many of the less stable synthetic remedies are built up like a child building castles with his blocks. He places block upon block in unstable equilibrium without any fastening but gravity; but a slight disturbance will bring all down in ruin. So the synthetic chemist builds on side-chain after side-chain, elaborating a wonderful graphic formula. It may be an explosive that a scratch will disrupt. It may be a dye that the slightest manipulation will change in tint. It may be an ester of some stable alkaloid that body chemistry plays tricks with quite unexpectedly. And it may be a coal-tar synthetic remedy that differs only one-ten-millionth chemically from its nearest neighbor, but fully one-half therapeutically.

Salvarsan is an illustration. Atoxyl was discovered in 1863 by heating a mixture of aniline and the pentoxide of arsenic at a temperature of 190° C. Later Ehrlich took up its study and showed it to be para-amido-phenyl-arsenic. He and his colleagues worked out hundreds of variants of this body, 606 in the series being called salvarsan. Now atoxyl was discovered in France; it was applied to protozoan disease by a Canadian, and a German worked it out in detail, the result being salvarsan, Pollitzer says of it: "The ordinary dose of salavrsan contains enough arsenic to kill several people, and in its manufacture several arsenical compounds of extraordi-

nary toxicity are likely to be produced, and must be guarded against or eliminated. In short, salvarsan, improperly made, may be a poison of tremendous virulence." Every so often dangerously toxic salvarsan has been made, a batch going wrong. Most of it was never marketed, however.

Many synthetics are in the same category—valuable when they act just right, and are made just right, but apt to be tricky in the extreme, both chemically and physiologically. If modern synthetic medication is to remain, the products must be stabilized and be capable of a therapeutic exactitude quite foreign to their at-present variant actions, with definite chemistry, definite dosage and definite physiologic action. Some of the synthetics have been so stabilized and thoroughly tried out, being added to the U. S. Pharmacopeia. Some of those upon which patent rights have not expired have also "made good," and they will ultimately become official; but never depend upon any synthetic until after it has been most thoroughly tested under every probable conditoin—there is too much inexactitude involved.

Proximate Principles

Just the opopsite of synthesis is analysis, and we are analyzing things to infinitude. Ninety-two substances or mixtures or substances alleged to be active principles have been isolated from digitalis. Many hundred so-called proximates have been noted in medical literature, and probably less than one hundred are really entitled to listing as definite substances. Naturally, many are exceedingly useful; but modern therapeutics has been burdened with so many inexact substances called proximates that we moderns have no right to throw stones at the old empiric herbalist. Furthermore, he and his patients were on the safe side. Where have we been?

Hormones

We have a very limited knowledge of the chemical properties of the hormones or internal secretions. Adrenalin and pituitrin—probably also tethelin—are definitely known and are on an exact basis; the rest are not definitely known. The physiological actions of the specific glandular products have been carefully studied by Gley and others and much of the data is very indirect, exactitude being impossible as yet. The sum total of exact knowledge on the internal secretions is but slight; there is little indisputable evidence. We even use thyroid semi-empirically if not wholly so. Most of the organic extracts act nearly alike physiologically; they are not specific,

and they practically uniformly influence smooth muscle. Furthermore, to elicit the physiological actions of some of these extracts requires a dosage vastly in excess of what is usually administered.

Undoubtedly there is a future for hormone therapy, or, rather, for the use of the definite, isolated chemical substances that are, one after one, being separated from the organs of internal secretion. Thus far we have had oceans of literature on the subject, but very little defined and exact information. Because it is new and presented in a scientific light by able exponents, hormone therapy is regarded as not at all empirical, whereas the fact is that with the exception of a few substances we give the organic extract as empirically as we do colchicum, and both the extract and colchicum help many of our cases and fail in others.

Serums and Vaccines

Standardization of biological products has been much talked about, but little has been accomplished as regards exactitude. Methods are very largely standardized.

Diphtheria and tetanus antitoxins are standardized in units. Tentative standards exist for anti-typhoid vaccine. These three of the many have actually been put on a basis of exactitude, and progress has been made towards standardizing a few others. As the factors are not constant, most of the biologicals never will be standardized. There are "potency tests" galore, as for antimeningococcus and antipneumococcus serums, but no standards in units. Few, if any, of the bacterial vaccines may be said to be specific. The doses are arbitrary and based merely on the number of killed bacteria. It is not probable that true standardization is possible with most of them. The purity and potency of vaccine virus is more important than its standardization. Much the same may be said of any virus, as antirabic virus. Bacterial filtrates are not standardized and perhaps never will be.

Where Are We?

This is not captious criticism. These new products and energies—X-rays, electricity, radium, synthetics, proximate principles, hormones, serums and vaccines—constitute real additions to therapeutics; they are all useful. But when the medical history of this age comes to be written, we will see—those then living—how inexact and empirical we have been. Despite our talk of exactitude and science, our advances have

been couched in scientific terms but applied rather empirically. Really our greatest exactitude has been in chemistry. Our chemical remedies long used have been placed on quite a defined and exact basis. Our galenicals have been chemically assayed and physiologically standardized even faster than have our biologicals. This work is rapidly proceeding.

We Are Using the Old Scientifically

During the age now closing we waxed enthusiastic over a host of botanic and chemical remedies, an enthusiasm that has now waned; but the chemist, the pharmacologist and the clinician are not placing these things up a firm and enduring basis. Soon the profession will come to see this and the present therapeutic nihilism be at an end, and the old materia medica, rejuvenated and made exact, will come into its own.

Enthusiasm is already beginning to wane over the new things we have been discussing, for we have learned that most of them are not wonder-workers; but when this general enthusiasm wanes, then will the scientist place on a firm scientific basis of exactitude the X-ray, radium, electricity, synthetics, hormones, proximates and biologicals. Thus from age to age is medicine made over new; but the greatest work of modernism is not its new work but its placing the old and tried on a scientific basis.—The Medical Council.

A STRING OF PEARLS

John Uri Lloyd, Phar. M., Cincinnati, Ohio

As one passes the years along recurring impressions unconsciously multiply that either strengthen or disturb preconceived opinions. As in one's home there may be rooms devoted to various uses, side-shelved by cabinets in which we classify objects of interest collected in our travels, so in life's journey, the mind or brain receives a multitude of impressions that, when comes the opportunity or necessity may be sorted out and classified. A man's vocation may appear to make his life work all-important. He may, by constant effort, become an expert in his field of labor, and may achieve a superior position because of his constant, one-sided application in a well known direction; and yet, as an avocational side, this very process may make him an unintentional collector of important facts outside his specialty. Seeking for material in one direction he may yet enrich himself in quite another line, if he is able, and willing to sore and carry his heterogeneous collec-

tion until comes the chance or necessity for classification. On looking back over his lifework and reviewing this from the beginning he may find that his vocation has been but a string, threading the pearls he has collected, one by one.

Viewing this problem as we may the facts are as stated, and this writer questions whether any reader will, on reflection, deny that on his own life-thread is strung such a collection of pearls, or that his acquaintances are not thus likewise blessed. In mind I now have sight of one whose opportunities have been no greater than those of many others, but who has gathered a mighty collection, and has used this in the passing along, to the betterment of mankind. I refer to Dr. J. A. Munk, of Los Angeles. Among various services has been the helping of others, including this writer, who but for the opportunities offered by Dr. Munk could never have made his journey to the Western homes of the American Indians, and, but for the mind collection relating to the past, could never have appreciated the past story of pharmacy and medicine as he now does. Let us use this argument to introduce a reprint of an old-time article, one of the pearls that Dr. Munk helped to string.

Prehistoric Pharmacy in America.—The poet, Longfellow, is reputed to have been visited by an English traveler, who said: "Your country, sir, is so awfully big and new, one can not see it in an image. Then, sir, there are no castles, no ruins, to tell of old times."

Whether this story is fact or not the expression voices the views of the majority of Europeans, and, I fear, America, as well. As one reared from childhood among prehistoric mounds and man-made relics that speak of an American antiquity that is voiceless in its backward touches, I can not but resent such groundless words. As one whose after-life was passed in connection with explorations and excavations among these mounds and relics of primitive man, from which comes no record concerning their creators, I can not but offer a feeble protest. In boyhood days I wandered amid the burial places of a long lost people. From the freshly-washed gravel banks, deep in Kentucky soil, I collected shell made pottery and utensils, such as Indian tradition knew nothing about. And as I look back and ponder over such unappreciated antiquarian riches once at my command, but now lost forever, I wonder how any thoughtful man can consider America as a country just opened up to man.

Grant to the so-called Old World all its marvelous antiquarian riches in stone and bronze, gold and precious gems, and yet we have American monuments as a heritage of the past

that possess a charm as touchingly pathetic as are the tracings of dead civilizations in other lands.

To pharmacists in particular is this study of these ancient remains significant; for we find typified therein the fact that nations who lived, and died, and left no cry, or word, or page of print to tell their story, were master workmen with the mortar and pestle.

But to study these relics we must pass from well-known Eastern American antiquities, such as the Mound Builders left in profusion in all this great Central West. We must pass the shell monuments of Florida and the connected chain of mounds that stretch from the mouth of the Mississippi to near the Dominion of Canada. This great region, as far eastward as the Atlantic shore, is thickly dotted with the remains of a form of civilization that gives no other record of itself than unbuilded mounds of mud and heaps of shell, such as very primitive people use for self-existence.

Turn from this forgotten people to the great Southwest, that land so recently carved out of the so-called wilderness, which, in our boyhood, was defined as a part of the Great American Desert. A marvelous scene presents itself. Behold! this is not a new land. New to modern man it may be, but nevertheless a country literally dotted with villages and houses, a land rich in habitations of forgotten races. "Unexplored territory" has this been called but recently, this country that carries in itself lingering evidences of man's antiquated handiwork sufficient in themselves to astound one who stands amid its ruins. Silent villages and abodes by the thousands are here, carved avenues in solid rock, stone-built houses standing as if deserted but recently. And yet back again are hillocks that, built in dimmer distances, show where in preceding ages buildings have crumbled into dust in this arid atmosphere where flesh dries and decay is unknown.

A section of this land as large as a mighty European empire was once covered with lava. Through it peep ruins of stone houses, whose builders left no cry to tell of that seismic convulsion. Man dare not conjecture its location in the centuries lost to time. Here in this New World's oldness are dwellings that astound us even today, a single stone-built house covering five acres, with fragments of its walls yet standing five stories high, over two hundred rooms on the ground floor. Here are chains of dwellings cut into solid stone cliffs and perpendicular canyon sides practically inaccessible now to man. And in the desert afar stand deserted villages, where, today, the explorer must carry water to drink and needs be careful, too, that his supply does not give out. In those sunburned houses of the

desert once teeming with life no drop of water is to be found. Thousands of abodes and villages in cliff and desert and valley from Utah and Colorado in the north, reach down into Mexico and Central America, where abound deserted pyramids and ruins of great temples. Silent are one and all. Their human records are as hoary puzzles as is the Ohio Mound that stands on the height near where these lines are written.

Of the ruins of the Old World we hear much. Much that is tangible history have their people left to tell their story. But the ruins of this so-called New World, from Atlantic to Pacific, from Alaska to South America, rest in absolute prehistoric darkness. No written word, no voice, no tradition, no legend, no mythological line in stone or papyrus stands to say aught concerning the lives that came and went in those great tragedies played in time lost to man.

From out this fascinating Southwest land, covered with its relics of pottery, baskets, stone implements and such, come down to us pharmacists, the link that binds us professionally to those silenced nations. A profusion of stone mortars and pestles, granite, lava and sandstone litter their deserted habitations. Some of these mortars are of prodigious size, and show the effect of what seem to be ages of pestle toil. These were food-grinders, and their owners must have been expert knights of the pestle beyond compare. Other mortars, as, for example, these exhibited herewith, are very small, and needs must have been used, such as these before us, the mortars of the cliff builder grow to a dished cavity in the adjacent mountain of lava.

The pestles are a study in themselves, varying as they do in size and shape, in accordance with the dish of the mortar bowl, and the use to be made of the utensil. These, as shown by the specimens herewith presented, some of them made of hardest lava and yet much worn by use, exhibit peculiarities that puzzle one who studies them with thoughtful care. Accept that the people who made and used them were masters of the utensils that give us our professional emblem, and we do them justice only. Indeed, we must award them an exalted position in our art, for they teach us lessons concerning the pestle's form, which, with us, is one common pattern, but with them varied both as to texture and model.

But I must not take your time by details that space will not permit. Possibly if the subject is important enough to others I may sometime present the study of this subject in which I am now involved with the utmost charm to myself.

Be it enough today to bring these specimens of mortars and pestles and say this, our semi-centennial is but a leaf in time's

great volume, if it be contrasted with the vanished centennials of our lost American brethren, whose mortars and pestles are before us. All that is left to speak of their celebrations and jubilee gatherings is locked in such conjecture as comes from out the painted desert, the dazzling carved canyon cliffs, and homes smothered in dust and lava. The stone record of their acts is before us, yet the book of their lives must needs be forever closed.—Eclectic Medical Journal.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

NEWS ITEMS

Dr. E. R. Petskey moved from Bisbee, Ariz., to Douglas, Ariz., about six months ago.

Dr. Orah Allen has changed her address from San Francisco to Seevel Apts., Vallejo, Cal., but will continue her work at the Associated Colleges in the former city.

Dr. H. R. Evans of Trona, Cal., has received a commission in the Medical Reserve Corps. Dr. Evans has been associated with Twenty Mule Team Borax Mines for several years, and will leave a good location when called to the colors. His address is P. O. Box 106, San Bernardino, Cal.

Dr. Sophia Billenkamp has moved from St. Louis, Mo., to Galt, Cal.

Dr. A. E. Gibson has changed his address in Los Angeles to 528 Bradbury building.

Dr. Ira Wheeler, after many years in Healdsburg, has changed his address to Cory building, Fresno, Cal.

Dr. L. B. Weatherbee after two years has reentered the practice of medicine and is at present located at Oakley, Cal., while deciding on a permanent location.

Dr. J. W. Shute, Bishop, Cal., has a good offer to make to a medical man, preferably unmarried.

Dr. Clinton Roath has changed his offices from 1109 Central avenue to 539 and 540 Consolidated Realty building, Los Angeles.

The October meeting of the Los Angeles Eclectic Medical Society was held at the offices of Dr. Stroud in the Lankershim building on October 2nd. Dr. Stroud gave a most comprehensive lecture on Eczema which he has promised to put in the form of a paper and will appear in our next issue.

Dr. Ella M. Caryl has moved from Olive street to West Seventh street, between Grand and Hope streets.

Dr. O. E. Dahlen, a former student of the C. E. M. C., and a graduate of Hahnemann College, San Francisco, this year has opened an office at 927 South Alvarado street, Los Angeles.

Dr. M. A. Welbourn, Boston, a brother of the Drs. Welbourn of Los Angeles, is now in France as first lieutenant in the medical corps. He is with the First Ambulance Company, 26th Division.

CHLORETONE AS A HYPNOTIC AND SEDATIVE

Administered internally, Chloretine passes unchanged into the circulation and is deposited in considerable quantities in the cerebral tissue, the patient falling into a profound sleep. Its action is like that of natural fatigue. Hypnosis passes off gradually, and no habit is formed. Acting upon the central nervous system, therapeutic doses have little or no effect upon the heart and respiratory centers.

Chloretone possesses a wide range of therapeutic applicability. It is a valuable sedative in alcoholism, cholera and colic. It is useful in epilepsy, chorea, pertussis, tetanus and other spasmotic affections. It allays, in most cases, the vomiting of pregnancy, gastric ulcer and seasickness. As a sedative and hypnotic it is indicated in acute mania, puerperal mania, periodic mania, senile dementia, agitated melancholia, motor excitement of general paresis, insomnia of pain (as in tabes dorsalis, cancer and trigeminal neuralgia), insomnia of mental strain, insomnia of nervous diseases, etc. In insomnia it is often effective when other drugs have failed.

The therapeutic dose for an adult is ten to fifteen grains. Good results, however, have been had with doses as small as seven and one-half grains. Sleep usually follows in half an hour to one hour. The administration of Chloretone is not attended with digestive disturbances.

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Original Contributions

ECZEMA

Dr. H. E. Stroud, Los Angeles, California.

Read before the Los Angeles Eclectic Medical Society

Eczema is an acute, sub-acute, or chronic catarrhal inflammation of the skin, but this classification was not sufficient and now a name is given that implies the forms we meet in practice. Thus, Erythematous, Vesicular, Papular, Pustular, Rubrum, Seborrheal, Intertrigo, Trade, Squamous, Warty, Fissures, Universal, Eczema Plantar and Palmar, Eczema of the genital regions.

It may be said all eczemas begin with an erythema and end by desquamation. From this inflammatory beginning they assume many types and it is our duty to recognize these and apply the proper remedy. Practically all eczemas are wet at some stage, the discharge stiffens muslin and with no exception every form itches; again every form is made worse by water.

If we carefully consider the form of eczema we are called to treat and diagnose it correctly the difficulty is very slight. We should have success in every case and instead of seeking how many remedies we can use—how few. I eschew formulas with few exceptions. We are ready to tabulate our remedies according to their actions. Soothing and antipuritic and drying: Bismuth, Zinc Oxide, Starch, Calamin, Oils and ointments, lime water, Liq. Plumbi Acetat., Camphor, Tar, Vaseline, Lard, Acid Salicylic, and Sulphur. Stimulating: Green soap, Tar, Resorcin, and Silver.

Nearly all eczemas that are inflamed call for soothing and drying and antipuritic lotions, as Calamine Lotion: Calamine Zinc Oxide, Pulv. Starch aa. oz. ss, Phenol gtt x, Aqua Calcis

oz. 4, Aqua p. s. oz. 8, applied on strips of gauze until it inflammation subsides. In a fairly large area one may see many forms; we must play to the most prominent. The difference between a lotion and a liniment is the latter contains oil instead of water. As the inflammation subsides we substitute ointments varying the proportions as the case demands. The most useful stock ointment is Lassars Paste, Acid Salicylic gr. x-xxx, Zinc Oxide, Starch aa zii, Vaseline or Cold Cream oz. ii. Leaving out the Salicylic we add Sulphur, Lead subacetate, pine, tar, cold tar, Liq. Carbon Det., etc., an endless list could be given.

Eczema Capitis is first treated by soaking the head in Carron Oil, one drop of creosote to the ounce. Then with Calamine Lotion followed by ointments. Eczema of the hands we insist on rubber gloves and medicament as indicated. Of the feet we meet cases where the skin is an inch thick. In some cases I have soaked them in hot bran water for hours, scraped and curretted for an hour and painted with Carron Oil and creosote and done up in rubber and followed with strong Salicylic Acid Ointment. The patient must remain in bed. Chronic Squamous Eczema of the legs and genitalia can surely be cured by the constant application day and night of ointment containing tar. There are cases of the face best treated by Plaster Mul. There are chronic conditions that must be violently stimulated with green soap and 1-10,000 bichloride followed by red oxide of mercury 20 gr. to the ounce. In Universal Eczema the patient must go to bed between sheets and the mildest ointment used or systemic poisoning may occur. We may pick out a good sized patch and treat that as the form demands, as Rubrum with Calamine lotion and later Ung. Plumbi Vaseline diluted or paint small patches with Nit. Silver gr. xvi to Spr, Nitre zi. Weak Lassar's Paste is our main reliance.

There are cases when we are discouraged, but it is frequently the dark before the dawn. We use our stock ointment of Zinc Oxide, Powdered Starch, and try out anything that seems suitable, especially sulphur. Ichthyol has been extensively used. In children the hands must be fastened so they cannot scratch, and on the face use continuously a stiff ointment with a little acid salicylate.

There are squamous conditions of the legs in which we use a gelatine paste, adding sulphur or salicylic and painting it on hot and covering with cotton; retain until it gets loose. After that we must classify the condition that presents, and this almost brings us back to the beginning. An acute eczema

requires the mildest treatment, while a chronic dry state requires stimulation to make the skin take on a certain inflammation, sometimes Powdered Camphor Comp., Pul. Camphor zi-iv.

Starch oz. ss. This is the usual remedy in Interigo, using oil to clean the parts.

Eczema is like a circle—the last word will never be written. The meanest is in every case curable.

THE NARCOTIC HABIT

Further Observations on the Ambulatory Method of Treatment

Dr. A. S. Tuchler, M.D., San Francisco, California.

Read before California State Medical Association.

In a previous article on this subject by the writer in the American Journal of Clinical Medicine, July, 1916, attention was called to a method of treatment for the cure of the morphine habit, without any inconvenience whatever to the addict. One can go about the usual daily routine of duties, with a great deal of comfort and with a sense of optimism, the psychic influence of which will add to the ultimate success of the treatment.

In the first place, it must never be lost sight of, that the physician is treating a patient with a chronic disease. It will take one who uses one grain a day, a much shorter time to be cured of the habit than one who takes a larger amount. When one is deprived of the drug, it is taking away that which is required to keep up the physiological and functional balance of his system. One "should realize that that functional balance and organic and metabolic adequacy in a narcotic addict are largely under the control of, and vary with, the extent to which that patient is kept in an adequate drug balance." (California Eclectic Medical Journal, Los Angeles, California, October, 1916).

When one who is placed in confinement and deprived of the drug, the suffering, both physical and mental, endured by the addict, is beyond comprehension or belief. The custom is, to look upon such as a fiend and not one who is suffering from a chronic disease and lightly given no further thought. It is most cruel and inhuman to deprive one of the narcotic who is accustomed to its use, without giving something to take its place. It is quite customary in our penal institutions, to lock up an addict, if incarcerated for some minor offence,

without any further thought as to his need of the drug. Is simply dismissed, sometimes laughingly, but usually with an exclamation of derision on the part of the attendant.

Now, this idea is all wrong. The body simply requires the drug in order to sustain the equilibrium of the functional balance, etc., in order to go about one's daily duties in a normal manner. Deprived of the drug, one immediately becomes sick for the reason as aforesaid and in consequence, there is a pathological or diseased state to deal with, and to overcome which, is to restore the patient again to a normal or healthy state with the drug to which one is accustomed to. So therefore, when one is deprived of the drug, something must be given to take its place, so as not to disturb this functional balance, etc., of the body. When this drug deprivation is thus brought about in a gradual manner, no inconvenience is felt by the patient.

When one is finally cured of the habit, whether by the ambulatory or sanatorium method, then comes the most critical period and where the patient requires the most care and consideration. This then should be considered the convalescent stage and the patient given the best of care. This stage in the cure of the narcotic habit is the most important one. Many an addict has gone back to the use of the drug, just because the treatment of this convalescent stage had been neglected. At this period, the patient should receive the most careful treatment until the system becomes accustomed to the new order of things.

Not every one can be successfully treated by this method, nor by any other. We have two elements in nature, one is positive, the other is negative. These elements dominate the human being to such an extent as to form one's individuality or personality. So the one with negative element will not exert the will-power necessary to conquer this habit nor any other. It has been my observation that those who failed with that treatment were of that element. Even one possessing the positive nature, will find it necessary to exert quite a good deal of will power in order to conquer the habit successfully.

The general opinion prevails, that those who are addicted to the use of drugs, have no will power and are irresponsible. This usually applies, as noted above, to those of the negative element. My observation is, that one, even though habituated to the use of a narcotic, has just as much pride and will power and honest intentions and reliability as previous to having contracted the drug habit. If one did not possess this characteristic of human nature in the first place and before the use

of the drug, it would certainly be a missing factor in an addict and would seriously interfere with any cure of this habit.

If an addict is naturally honest and of good intentions and of strong will and steadfast of purpose, before he became such, this drug habit will not change his nature but will assist him in the cure. Those were cured by this method of treatment, followed their respective vocations daily and gained in weight considerably. In fact, this increase is noted by all while under treatment, and a sense of well-being and hope prevails, whereas before, it was just the opposite.

It would be of interest to note, in reference to those suffering from pulmonary tuberculosis, that the use of morphine prevents and stops hemorrhage from the lungs and allays pain and cough. Those who are thus afflicted have been given the drug many years ago by their physician to ease their few apparent remaining days and when the disease seemed hopeless, are still taking the drug, and in consequence, are again able to follow their several callings. Hemorrhage invariably follows in these cases when deprived of the drug.

The treatment as previously stated, has been somewhat modified. One need not make any changes in the daily routine, only that the diet must be plain and wholesome,—no sweets, pies nor pastry. Liquor of all kinds must be tabooed, as well the use of tobacco. The excessive use of tea or coffee must also be eliminated. The most important part of the treatment is, that as regards the taking of the medicine, the instructions of which must be carefully followed and the medicines taken with regularity.

As it is necessary to stimulate the liver and bowels, in order to overcome the stagnation which is caused by the drug, the following is prescribed:

Calomel	grain 1/6
Podophyllin	grain 1/6
Bilein	grain 1/8
Strychnine arsenate	grain 1/250

Mix and make one pill. One to four such pills, as may be necessary, to be taken at bedtime and to be followed in the morning by a dose of saline laxative. In some very constipated cases, I find it necessary to give three pills at a dose after each meal, three times a day and the saline in the morning. These and saline are to be taken throughout the entire course of treatment, but with a gradual reduction to one pill three times a day or less, as the bowels become regulated. However, in the beginning, after this free purgation, for two or three consecutive days, the following anti-addiction tablets (Abbotts) are prescribed:

Xanthoxyloidgrain 1
 Atropine valerategrain 1/250
 Cactoidgrain 1/32
 Strychnine valerategrain 1/128
 Nucleingrain 5
 Mix and make one tablet.

One such tablet to be taken every three hours, day and night, until dryness of the mouth is experienced, then only every four hours; but in some cases, one-half tablet will suffice.

While taking these tablets, the drug must be gradually lessened every two or three days 1/4 grain. This can easily be accomplished without any hardship. When the patient begins to realize this, it will be an incentive to make speedier progress and leave off more than the system can stand and thus disturb the adequate physiological balance. Disaster will result in consequence and the patient will be discouraged. So this setback can be avoided by going slowly.

In some cases I note an extreme weakness when this reduction is well under way, which the tablet will not overcome. So I find it necessary to give strychnine nitrate, gr. 1/60, with each dose of morphine; this is gradually increased to 1/30th of a grain with each dose, two or three times a day. It is astonishing the amount of strychnine one will tolerate during the course of this treatment without any symptoms of saturation.

In patients of a nervous temperament, there is then that factor also to contend with, so the following will quiet and soothe and promote rest and sleep:

Specific medicine avena.....oz. I
 Specific medicine hyoscyamus.....oz ss

Mix and take twenty drops at bedtime in a cup of hot water. This can be repeated, if necessary, during the night.

The psychic influence of the physician and his encouragement, is no mean factor in getting results and when the above outlined directions are conscientiously followed, success will certainly follow one's efforts and a grateful patient besides.

CHLORAZENE

A. P. Baird, M.D., Los Angeles

Read before the California Eclectic Medical Society.

The new antiseptic. I feel sure that there is no Eclectic worthy of the name but who will welcome any addition to the materia medica that will be an aid in combating disease, and especially septic conditions. Perhaps some good old-fashioned

eclectic may say, what improvement can there be over our Black Sampson?

Chlorazene is not in the same class with Echinacea at all and never could take its place, but I am also quite sure that Echafolta as a dressing for septic wounds is not comparable with Chlorazene. Dr. H. D. Dakin is the man who introduced it to the profession. It was while studying wound sepsis on the French battlefield that he evolved this para-toluene-sodium-sulphochloramide which has been christened Chlorazene. It is a white chrystalline substance freely soluble in water, is extremely stable, that is in the solid form. It may be preserved indefinitely, while aqueous solutions will keep for months without deteriorating in volume or any significant decomposition. It has no corrosive action in concentrated solutions, it neither precipitates nor coagulates proteins. It is virtually non toxic, rabbits tolerate a gram to a kilo body weight with no symptoms except moderate local reaction, but it should not be swallowed.

Its germicidal action is 2000 times that of phenol in water, 30 times that of phenol in serum, as tested upon staphylococci, and each molecule four times that of hypochloride, so warmly praised by Dr. Alexis Carrel. This is what the Abbott people who manufacture it say of it.

Most of you no doubt have noticed some of the articles in the daily papers on the subject in connection with its work at the front and in the hospitals of France. I have seen but little about it in the medical journals. It was brought to my attention by Dr. Miller, the Abbott representative in Los Angeles. I began its use about the first of November, 1916, and perhaps have used 500 tablets of 4.6 grains between then and now, with nothing but uniform satisfaction. The great factor in commending its use is the fact that it is non-toxic and, save for a burning sensation which lasts for one-half to four hours, is non-irritant. In some cases the burning is quite marked, but not so very disagreeable, greatly depending on the strength used. When there is a decided septic condition I use a 4% solution until the sepsis is well controlled which usually takes two to four days, then 2% for a few days longer, then 1%, the $\frac{1}{2}\%$, and as low as $\frac{1}{4}\%$ in some cases. When there is no sepsis but great danger of such I use a 1% until the danger point seems over. As an application to diseased mucous membranes $\frac{1}{2}\%$ is usually sufficient to produce a healthy condition such as in vaginal and uterine leuchorrhoea; in conjunctivitis $\frac{1}{4}\%$ is quite strong enough. To produce good results as a wash for foul condition of the mouth $\frac{1}{4}\%$

has a remarkable influence in sweetening things up. (Just what effect it would have on the very foul mouth of a person addicted to chewing, smoking, drinking, lying, blaspheming, &c., &c., I don't know, but think that if it were given strong enough and some of it swallowed it would surely produce results).

It is also used in the form of a cream for wounds, bruises, eczematous, and other skin troubles, but of that I cannot freely speak yet. However, one of its grandest accomplishments is when it is used in combination with a parafine wax called Parazene for the speedy cure of burns. The *modus operandi* for such cases is to melt the wax, Parazene, and either spray or brush it over the wounds with a camel-hair brush. First clean the burn thoroughly with Chlorazene, dry with sterile gauze or cotton, then brush a layer over the wound, extending about one-fourth inch beyond the burned margins; now spread a thin layer of sterile cotton on this and brush another layer over the cotton, cover with gauze and cotton sufficient to protect this; to be removed in 24 hours and repeated every 24 to 48 hours until well, which will take place in such an incredibly short time as to astonish you, and the beauty about it is after the first dressing in a few hours the patient experiences an almost entire freedom from pain.

My object in bringing before this body my experience with this agent is to put into your hands one of the most powerful, indeed the most potent of all antiseptics with which I have any acquaintance. The great beauty in using it is you need not fear any toxic action even when injected into deep suppurating wounds and allowed to remain there; it only kills the bacteria without injuring the tissues, or being absorbed as a toxic element.

GENITO-URINARY DISEASES WITH RELATION TO RHEUMATISM

A. W. Berrow, M. D., Hot Springs, Ark.

"Rheumatism with Relation to the Genito-Urinary Tract" would perhaps have been a better title to this short paper. I was asked to write a paper on genito-urinary diseases for this section, and thought this matter might be brought stronger or plainer to the mind of the profession, especially the treatment of such diseases of the genito-urinary tract as relates to rheumatism. My experience of over twelve years in Hot Springs, Ark., where we get the most chronic cases of gonorrhea and syphilis, impresses me with this relationship.

It seems to me the urine being abnormally acid irritates

the genito-urinary tract, causing contraction or astringency and rendering muscles tense, contracted, void of elasticity, producing pain on motion, constipation and stiffness, the muscles become inactive and motion naturally decreases. So look for strictures in males suffering from rheumatism in the feet and knees, and treat the genito-urinary tract for the quickest and most permanent results.

Many also come here for treatment for rheumatism by the baths who have no venereal history and very often want to try the baths alone first, and it is these cases I particularly refer to, as we would not expect any strictural condition. You will find urethritis in some degree in most all the chronic cases, and cystitis in many of them; by treating the urethra and bladder by irrigation, and alkaline antiseptics internally and locally you will get quicker and more permanent results.

I have treated some of these cases without dilation and irrigation and rheumatic prescriptions and had results, but in a year they would return as bad as before and I would employ the other treatment outlined, and very few of them ever returned for rheumatic treatment, and when they have returned for other treatment I had a chance to examine them and found them free from rheumatism, though they had the same exposures, occupation and climate.

Treatment—Dilate the urethra with a sound just large enough not to be painful; use about two different sizes at a treatment every other day till the desired size is reached and all soreness has left the urethra. The first time the patient will complain often of the tenderness, say it did not hurt them till then; it is convincing to you if you find a tender urethra, you will get good results. In an old chronic stricture I find it best to cut the stricture; you get quicker and more permanent results.

Use any good wash for the bladder, such as permanganate or glycothymoline. If it is a specific infection use a 20 per cent solution of argyrol, injected three times a day, then once as indicated, or 1 to 2 per cent of protargol is much cheaper and very effectual.

Internally, specific medicine hydrangea, agrimonia, hydrastis, apis or cantharis is used. For the rheumatism use specific medicine macrotys, colchicum, belladonna, bryonia or fluid extract manaca.

To render the urine alkaline use urotropin, cystogen or uritone. Give plenty of soft water; massage the prostate gland if it needs it; a rectal injection once or twice a week aids in elimination.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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OUR WAR

We hear a great deal about the "war on the west front," "the war on the east front," "the war in Italy" and "the war in Palestine," but comparatively little about "our war." Apparently some of us do not fully realize that we are really at war and that we shall win or lose largely by our own works. In order to win it is absolutely necessary that we shall be in deadly earnest and that we shall make a great effort. Not for this month or next month, but for this year and next year as well. That we have great potential strength is well known, but without a skillful and sustained effort we shall accomplish nothing. No one familiar with the history of the German Empire can doubt for a moment the object of its rulers. They worship "MIGHT!" We worship "RIGHT!" Two ideals which are absolutely antagonistic, and always more or less at war. Which one shall win? The decision lies with us. This is "Our War."

GERMAN EFFICIENCY AND THE SOUL

In the olden days, somebody once asked, "What shall it profit a man, if he gain the whole world and lose his own soul?" and Prussia, in these later days, has answered—soldier, philosopher and economist alike—that it would profit immeasurably; that the loss of the soul was but a small price to pay for the winning of the whole world, and the setting up of a State which, in power, wealth and prestige, should overtop even the Roman Empire itself in the most august days of the Caesars.

Just when it was that Prussia reached the conviction that the soul was a stumbling block in the way of material and military success, it would be hard to say. Those of us who have read the Confessions of Frederick the Great, will feel that as early as the middle of the eighteenth century the father of modern Prussianism had "lost his own soul," having cast it out as being antagonistic to the principles of the infamous Machiavelli, of whom he was an avowed and delighted pupil.

Perhaps it will be as well, before we go any further, to define our terms. The soul of which we speak is the soul as recognized by the greatest moral teacher of all time, whom we have quoted above. And when he asked his question, nineteen hundred years ago, the world knew perfectly well what he meant by the soul, for the term had conveyed a clear idea to men's minds from the very dawn of civilization. It means the same thing throughout the civilized world today, except in those portions of it upon which has fallen the dark eclipse of so-called Prussian Kultur.

The Prussian, of course, would indignantly deny that he had lost his soul. Judging from the Kaiser's boisterous announcement of his copartnership with the Almighty, he believes, doubtless, that in discarding the soul of Christianity he has found the super-soul of Kultur, the soul of the superman. Be that as it may, it is certain that the deceit, dishonor and trickery which, as our State Department has shown, marked everywhere the course of Prussian diplomacy before the war, and the murder, rapine, piracy and unprintable abominations which the Prussian Army has perpetrated during the war, prove that Prussia, from Emperor down to enlisted man, has cast out of herself that very soul, which has banded together practically all the civilization of the earth to break down and blot out, once and for all, a military philosophy, which, reduced to the language of everyday life, stands for mere burglary and brigandage.

In material things, at least, the Prussian is nothing if he

is not logical; and when he set out to conquer the world by military methods he determined to apply to the problem the acid test of material efficiency. He passed in review the whole range of mundane life, all that goes to make up the sum total of human activity. Everything that would conduce to the winning of world domination he retained. Everything that would not, he cast out. During this process of selection, he came to consider the soul, with its attributes of honor, mercy, humanity, fidelity, chivalry, charity and moral rectitude. And he found that, so far from contributing to the highest military success, the soul of Christianity and civilization, with its obligations to magnanimity, generosity and good faith, was utterly incompatible with that cold, remorseless, material and military efficiency, by the development and exercise of which, he hoped at once to Prussianise and possess the world.

And so, with deliberation and with clear-eyed knowledge of what he was doing, he put aside the soul as likely to prove not only unserviceable, but utterly destructive both of his unholy philosophy and the barbaric dream which it cloaked but did not entirely conceal.

Now, in our modern civilization, when a man deliberately casts out his soul, we class that man as a criminal. It matters not what particular form of outlawry he adopts; whether he become safecracker, house burglar, horse thief or counterfeiter—he is a criminal by choice and by profession. Nor does the possession of extraordinary mentality, of rare versatility, of many accomplishments in the arts and sciences, or of the social graces, serve to do anything more than make heavier his accountability and increase the detestation of his crime.

By the degree to which Germany has been fruitful in art, science, industry and social uplift, by so much the more was the murder of her own soul a foul deed, first against herself and then, as the present frightful catastrophe has shown, against the whole of humanity.

Therefore, when we read of a Bernstorff using the privileges of his high and honorable office as a channel for treacherous intrigue—of a Hollweg announcing, without a tremor of shame, that Prussia had torn up a treaty and invaded a small and friendly state because it suited her convenience to do so—of a Von Kluck standing silent and acquiescent while his soldiery fell upon the helpless peasants with rape, robbery and the torch—of a Tirpitz besmirching the chivalric traditions of the sea by the deliberate drowning of unarmed and unoffending men, women and children—of the deliberate violation of that sacred symbol, the Red Cross—of a Kaiser standing in the

midst of this organized deviltry and calling upon God to witness that he ever was, is now, and ever will be, the apostle of peace and good will—when we read of such doings, let us cease to cry, "How can these things be?" and remember that, when a nation has lost its own soul, these are the very things that will inevitably happen.—(Scientific American.)

COLD AND COLDS

Notwithstanding some strenuous contemporary effort to belittle the nomenclature of our ancestors, the name "colds" as applied to that dismal combination of sneezing, nose blowing and general wretchedness, is a good one. Cold is almost invariably the primary cause of colds, while bacteria, which of late have been receiving the chief credit for these disturbances, come in secondary and tertiary sequence. Bacteria swarm most abundantly in warm weather, and yet winter is the season for colds. Yes, there are summer colds, but they follow some indiscretion, such as sitting on the cold ground, or lying in a relaxed state in too much intimacy with a heat-extracting draught. In either of these instances fatigue may be placed first etiologically and cold second, but neither of these places can be given over to bacteria, which, thus given the opportunity to do so, finally kick up the main part of the trouble. Cold is, and always has been, the greatest enemy to life. Life swarms in the tropics, but leads a sorry existence at the poles. And this reminds us of the chief argument of the all-bacteria etiologists for colds. They will say immediately that Arctic explorers do not suffer from colds until they return to civilization, when "they all come down with colds." It may be that the aiders and abettors of cold in its production of disease are absent or in abeyance in the Arctic regions, but men who go into that region become so exhausted during their prolonged exposure to cold that they are rendered upon their return to warmer regions a more than easy prey to the bacteria. We have never read that explorers in the tropics succumbed to colds on their return to the temperate regions, even though the return is made in January. Even the Indians knew enough to keep themselves warm and especially to guard against refrigeration of the extremities. Ben Franklin tells us how they took this precaution even in time of war when it was too dangerous for them to have a smoking fire. They dug a pit in which they set fire to charred remains of burned trees, and slept with their legs dangling in the hole. A hunter in the Canadian woods who, notwithstanding his absence from civ-

ilization, took a severe cold, asked his sole companion, an Indian guide, how to keep from taking cold. He received the laconic reply, "Keep your feet dry." Even an Indian whose skin has not been so softened to the effects of colds as have ours, appreciates that cold is the antecedent of colds and takes precaution accordingly.

Undoubtedly, over-exposure to high temperatures may also reduce our immunity to the germs lying about, but the colds we take after being in overheated rooms probably more often come from the resulting chill of going too abruptly into the cold than from the warmth of the room itself, although super-heating renders an animal more susceptible to infection. It is, however, only in cold weather that rooms are heated much above the surrounding atmosphere. Again, cold is really to blame for the results. "Bad air" is usually the result of economy in fuel. Poor ventilation is unknown in July.

An ideal room temperature for the sedentary is that between 66 and 70 degrees. Below these temperatures the heat-regulating apparatus of the body finds it necessary to close up the peripheral vessels more or less, internal congestion slowly begins and the conditions for a cold are secured. As most of us are slow to respond to the intelligence of a temperature only a few degrees lower than that for comfort, though we are less obtuse to stronger thermic impulses, the temperature between 60 and 66 degrees has been well termed the danger zone, and undoubtedly more colds are acquired at these than at lower temperatures. We should be alive to our inner thermomonitor, if we may coin the word, and respond accordingly, even at the expense of a few hodfuls of coal, for often a cold and its consequences will cost more than a ton of fuel. For those of weakened circulation, and especially old people, the temperature must often be higher than 70 degrees in order to be on the safe side.

Because cold is an enemy of the body, the body reacts against it as against any stimulant. But the body can go only so far and cold, which at first is an excitant, may quickly become a depressant. When fresh and active we may laugh at, and laugh with, cold; but when fatigued, or in bodily repose, we would better beware its subtle approach.—(Dietetic and Hygienic Gazette.)

SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. C. Smith, M. D., Glendale, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; F. J. West, M. D., Los Angeles, Secretary.

NEWS ITEMS

Mrs. Frances Zahn, mother of Dr. L. Paul Zahn, died on Nov. 1st at her home in Los Angeles. Mrs. Zahn had been one of the most active women in Los Angeles along the line of philanthropy for a great many years.

Dr. Clinton Roath and Dr. Clyde Roath lost their father by death on October 30th after a few hours' illness. The Journal extends sympathy.

Dr. M. Blanche Bolton, who has been in San Francisco for three months, was in Los Angeles recently for a few days, after which she returned north.

Dr. Judson Liftchild has changed his address to Shawmut, Tuolumne County, where he expects to remain until next fall.

The November meeting of the Los Angeles Eclectic Medical Society met with Dr. H. C. Smith at his offices in Glendale, later adjourning to his residence. The meeting was well attended and an enjoyable and profitable session had. The next meeting will be with Dr. Baird at his delightful home in Eagle Rock.

The January issue of the Journal will probably be a few days late because of the absence of Dr. P. M. Welbourn in the East.

DIED—Dr. Frank Cornwall died on August 30th. Dr. Cornwall was a graduate of E. M. C. 1869 and was 71 years of age at the time of his death. For many years he was a prominent physician of San Francisco specializing in eye, ear, nose, and throat work and for twenty-five years he held that

chair in the California Eclectic Medical College. Early in this year he retired from practice and went to live on his ranch in Sonoma county, where he died on August 30th. He leaves a widow, one son and one daughter.

In Pruritus—even in severe forms of genital, anal, diabetic, eczematous itching, K-Y Lubricating Jelly in a great majority of cases will bring relief, or at least grateful alleviation.

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J. R. ... of ...

INDEX TO SUBJECTS

A Case History.....	7
Alcohol in Medicine.....	228
Alcresta Ipecac.....	171
A Little History not so Ancient, and a Moral.....	123
Alkaloids and Glucosides.....	32
Ancient Egyptian Philosophy.....	248
And There is No Health in Us.....	71
Army and Navy Surgeons Wanted.....	88
A String of Pearls.....	253
A Word Concerning the Minority.....	201
Baldness.....	145
Be An Eclectic and Live Longer.....	16
Bismuth Subgallate.....	221
Business Sense.....	70
Campaign Against Unclean Utensils.....	109
Caesarean Section.....	89
California Medical Board Questions.....	11, 38
Children in War Time.....	107, 188
Chlorazene.....	264
Chronic Gastritis.....	45
Diabetis.....	196
Eclectic Medical Society of the State of California.....	121, 169
Eczema.....	259
Electricity in Disease.....	193
Experience and Observation.....	115
Erosion of the Cervix Uteri.....	101
Fatal Carelessness.....	81
Gelsemium Sempervirens.....	103
German Efficiency and the Soul.....	269
Gonorrhea.....	58
Hysteria.....	151
Hypertrophy of Turbinate Bodies.....	226
How About Your Collections?.....	144
Is a Big Practice a Great Desideratum?.....	117
Individuality of the Case in Hygiene.....	185
Inexactitude in Modern Therapeutics.....	249
Ichthyol.....	127
Legal Status of a Child.....	82
Let Nature Have Her Way.....	86
Lobeline Sulphate in Hypodermic Medication.....	79
News Items.....	28, 54, 76, 100, 122, 147, 171, 190, 213, 235, 257
Optical Defects As a Source of Focal Irritation in Children.....	215
Operations on the Urinary Bladder.....	59
Obituary of Ovid S. Laws, M. D.....	44
Our War.....	268
Painless Childbirth.....	93
Parotitis.....	158
Pellagra.....	77
Physiology and Pathology.....	9
Physical Examinations in Public Schools.....	233
Practical Lunches for School Children.....	222
Prolapsus of the Uterus with Cystocele and Vesicocele.....	244
Reminiscences of New York.....	29
Reminiscences.....	37
Resuscitation Apparatus.....	17
Spondylotherapy as a Therapeutic Agent.....	239

*Bound under at
of vol.*

Syphilis	210
Summer Diseases.....	184
Therapeutics of Some of Our Indigenous Remedies for Diarrhoea	237
The A. M. A. Trying to Ride into Power on the Prohibition Wave	229
The Army Needs You	200
The California Medical Law.....	173
The Country Doctor.....	1
The Family Physician from the Laymen's View Point.....	72
The Fauical Tonsil in Its Modern Aspect.....	204
The Good Old Summer Time.....	114
The History of a Mammary Cancer.....	246
The Mental Defective.....	130
The Narcotic Habit.....	261
The Necessity of Fixation of the Fragments in Bone Surgery.....	242
The Practice of Medicine.....	155
The Recrudescence of the Tongue.....	160
The Treatment of Chronic Indigestion.....	161
The Toxemias of Pregnancy.....	178
Your Age.....	182
Value of Making Routine Examination in the Diagnosis of Gastro-Intestinal Diseases.....	191
Vitamines in Food Products.....	42
Why Sometimes Convalescence is Retarded.....	55

INDEX TO AUTHORS

Ashabrunner, J. H.....	86
Aisbitt, M. S.....	9
Baird, A. P.....	44, 264
Brown, H. V.....	173
Caryl, E. M.....	239
Clark, John.....	178
Choate, W. G.....	110
Cox, H. T.....	103, 127, 221
Cook, F. J.....	196
Eastman, M. E.....	193
Fyfe, J. W.....	246
Harvey, E. R.....	191
Helbing, H. H.....	244
Hubbard, B. R.....	59
Ketchum, M. B.....	55
Munk, J. A.....	171
McClelland, E. S.....	215
Neldon, C. M.....	226
Newton, Oran.....	151
Owens, H. M.....	82
Postle, W. E.....	130
Quinn, W. B.....	29
Rauth, Y. E.....	7
Smith, H. E.....	32, 77, 155, 237
Stroud, H. E.....	259
Tuchler, A. S.....	79, 158, 261
Tomkins, J. G.....	37
Webster, H. T.....	1, 81, 123
Welbourn, O. C.....	101
Young, T. C.....	242

Vol. XXXVII

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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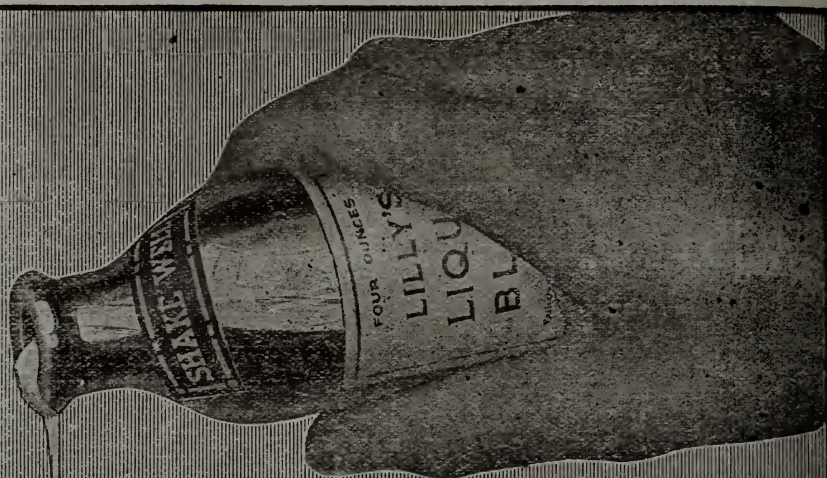
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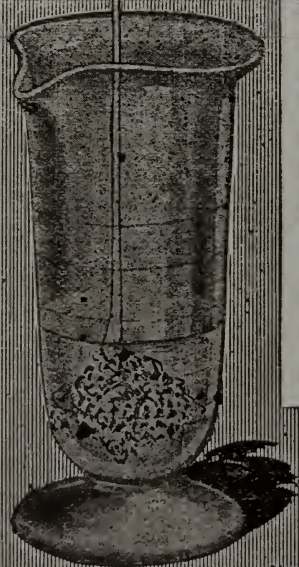


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Table of Contents

ORIGINAL CONTRIBUTIONS:

	PAGE
The Country Doctor.....H. T. Webster, M. D.	1
A Case History.....Y. E. Rauch, M. D.	7
Physiology and Pathology.....M. S. Aisbitt, M. D.	9
State Board Questions.....	11

EDITORIAL:

Be an Eclectic and Live Longer.....	16
-------------------------------------	----

SELECTION:

Resuscitation Apparatus.....	17
------------------------------	----

NEWS ITEMS.....	28
-----------------	----

INDEX TO ADVERTISERS

American Apothecaries Co.....vlii	Kress & Owen Co.....vli
Antiphlogistine, Denver Chem. Co...i	Lloyd Bros.li
Battie & Co.....vi	Lloyd Bros.x
Bristol-Myers Co.v	National, Wm. N. Mundy, Editor...xii
Chicago Pharmacal Co.....xi	Od Chemical Co.....xli
Dad Chemical Co.....xii	Peacock Chemical Co.....v
Dickinson Drug Co.....v	Pacific Surgical Mfg. Co.....xlii
John B. Daniel.....iv	Parke, Davis & Co.....Cover 1
Eclectic Booksv	Purdue Frederick Co.....lx
Eclectic Medical College.....iv	San Diego Exposition.....vi
Eli Lilly & Co.....Cover 2	Sultan Drug Co.....xi
Exclusive Prescription Pharmacy...vi	Westlake Pharmacyxl
Fellows Co.Cover 4	Van Horn & Sawtell.....viii, lx
Katharmon Chemical Co.....lii	Westlake Hospitalxiv

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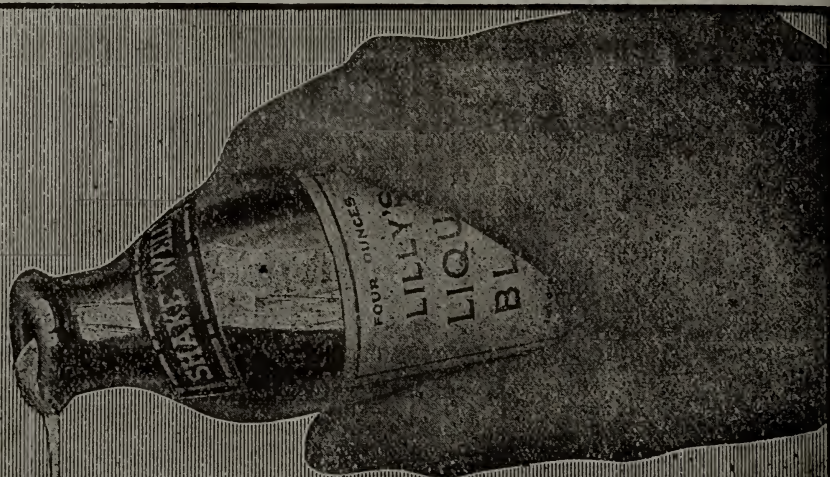
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Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
Reminiscences of New York....Wm. B. Quinn, M. D.	29
Alkaloids and Glucosides.....H. C. Smith, M. D.	32
Reminiscences.....Jos. G. Tomkins, M. D.	37
California Medical Board Questions.....	38
EDITORIAL:	
Vitamines in Food Products.....	42
Obituary of Ovid S. Laws, M. D...A. P. Baird, M. D.	44
SELECTIONS:	
Chronic Gastritis.....	45
NEWS ITEMS.....	54

INDEX TO ADVERTISERS

American Apothecaries Co.....viii Antiphlogistine, Denver Chem. Co...i Battle & Co.....vi Bristol-Myers Co.v Chicago Pharmacal Co.....xi Dad Chemical Co.....xii Dickinson Drug Co.....v John B. Daniel.....lv Eclectic Booksv Eclectic Medical College.....lv Eli Lilly & Co.....Cover 2 Exclusive Prescription Pharmacy...vi Fellows Co.Cover 4 Katharmon Chemical Co.....iii	Kress & Owen Co.....vii Lloyd Bros.ii Lloyd Bros.x National, Wm. N. Mundy, Editor...xii Od Chemical Co.....xii Peacock Chemical Co.....v Pacific Surgical Mfg. Co.....xiii Parke, Davis & Co.....Cover 1 Purdue Frederick Co.....lx San Diego Exposition.....vi Sultan Drug Co.....xi Westlake Pharmacyxi Van Horn & Sawtell.....viii, ix Westlake Hospitalxiv
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Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
Why—Sometimes—Convalescence is Retarded.....	
M. B. Ketchum, M. D.	55
Gonorrhea.....	
H. W. Crook, M. D.	58
Operations on the Urinary Bladder.....	
B. R. Hubbard, M. D.	59
EDITORIAL:	
Business Sense	70
SELECTIONS:	
And There is No Health in Us.....	71
The Family Physician from the Layman's View Point	72
NEWS ITEM	76

INDEX TO ADVERTISERS

American Apothecaries Co.....viii Antiphlogistine, Denver Chem. Co...i Battle & Co.....vi Bristol-Myers Co.v Chicago Pharmacal Co.....xi Dad Chemical Co.....xii Dickinson Drug Co.....v John B. Daniel.....lv Eclectic Booksv Eclectic Medical College.....lv Ell Lily & Co.....Cover 2 Exclusive Prescription Pharmacy...vi Fellows Co.Cover 4 Katharmon Chemical Co.....iii	Kress & Owen Co.....vii Lloyd Bros.ii Lloyd Bros.x National, Wm. N. Mundy, Editor...xii Od Chemical Co.....xii Peacock Chemical Co.....v Pacific Surgical Mfg. Co.....xii Parke, Davis & Co.....Cover 1 Purdue Frederick Co.....ix San Diego Exposition.....vi Sultan Drug Co.....xi Westlake Pharmacyxi Van Horn & Sawtell.....viii, ix Westlake Hospitalxiv
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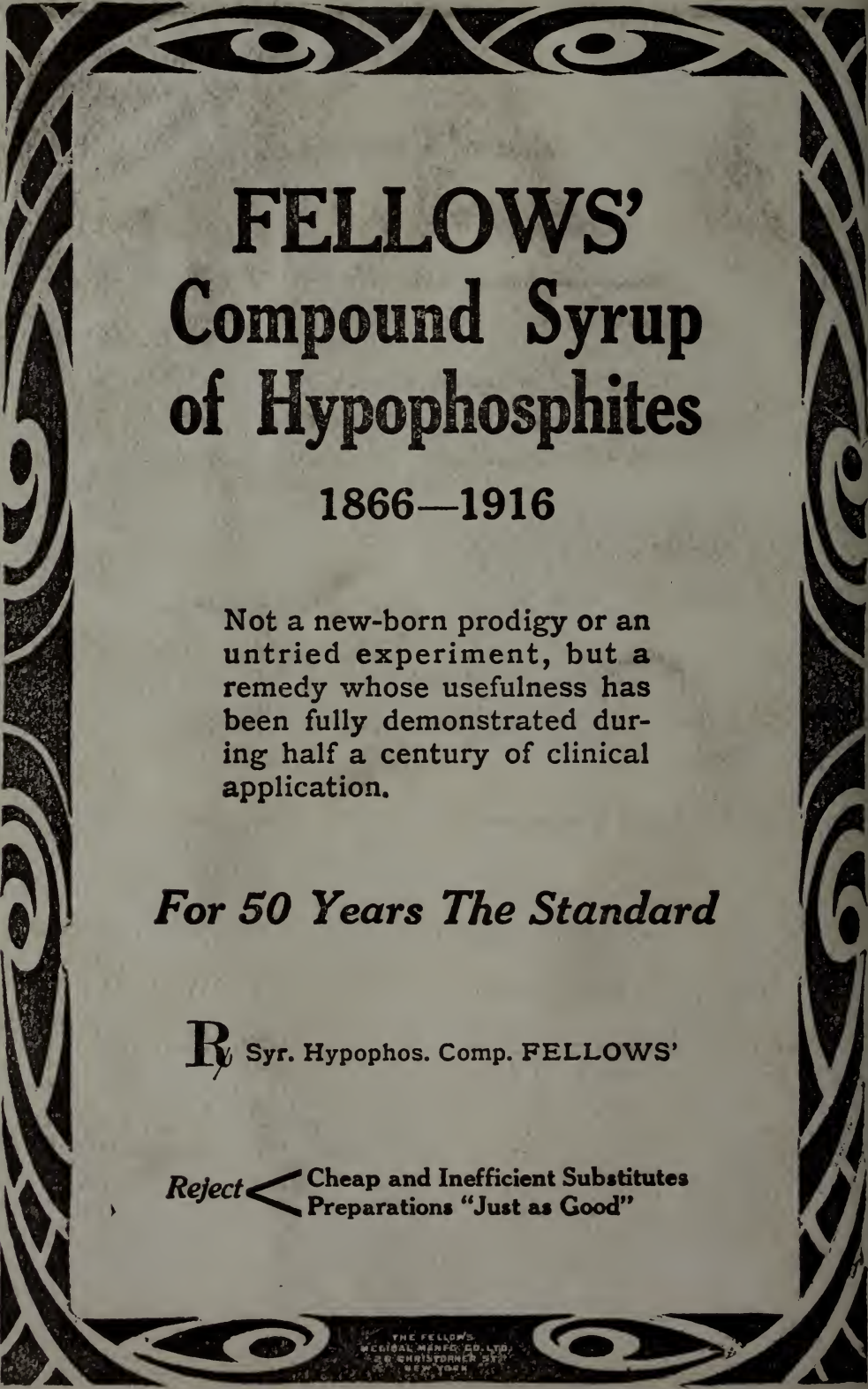
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Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
Pellagra.....H. C. Smith, M. D.	77
Lobeline Sulphate in Hypodermic Medication..... A. S. Tuchler, M. D.	79
"Fatal Carelessness".....H. T. Webster, M. D.	81
Legal Status of a Child.....H. M. Owens	82
Let Nature Have Her Way..... J. H. Ashabranner, M. D.	86
EDITORIAL:	
Army and Navy Surgeons Wanted.....	88
SELECTIONS:	
Cæsarean Section	89
Painless Childbirth	93
NEWS ITEMS	100

INDEX TO ADVERTISERS

American Apothecaries Co.....viii	Kress & Owen Co.....viii
Antiphlogistine, Denver Chem. Co...i	Lloyd Bros.ii
Battle & Co.....vi	Lloyd Bros.x
Bristol-Myers Co.v	National, Wm. N. Mundy, Editor...xii
Chicago Pharmacal Co.....xi	Od Chemical Co.....xli
Dad Chemical Co.....xii	Peacock Chemical Co.....v
Dickinson Drug Co.....v	Pacific Surgical Mfg. Co.....xlii
John B. Daniel.....iv	Parke, Davis & Co.....Cover 1
Eclectic Books	Purdue Frederick Co.....ix
Eclectic Medical College.....iv	San Diego Exposition.....vi
Eli Lilly & Co.....Cover 2	Sultan Drug Co.....xi
Exclusive Prescription Pharmacy...vi	Westlake Pharmacy
Fellows Co.Cover 4	Westlake Pharmacy
Katharmon Chemical Co.....lii	Van Horn & Sawtell.....viii, ix
	Westlake Hospitalxiv



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Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
Erosion of the Cervix Uteri.....O. C. Welbourn, M. D.	101
Gelsemium Sempervirens.....H. T. Cox, M. D.	103
Children in War Time.....U. S. Dept. of Labor	107
Campaign Against Unclean Utensils.....	
U. S. Dept. of Agriculture	109
SyphilisW. G. Choate, M. D.	110
EDITORIAL:	
"The Good Old Summer Time".....	114
SELECTIONS:	
"Experience and Observation".....	115
Is a Big Practice a Great Desideratum?.....	117
SOCIETIES:	
Eclectic Medical Society of California.....	121
NEWS ITEMS	122

INDEX TO ADVERTISERS

American Apothecaries Co.....viii Antiphlogistine, Denver Chem. Co...I Battle & Co.....vi Bristol-Myers Co.v Chicago Pharmacal Co.....xi Dad Chemical Co.....xii Dickinson Drug Co.....v John B. Daniel.....lv Eclectic Booksv Eclectic Medical College.....iv Eli Lilly & Co.....Cover 2 Exclusive Prescription Pharmacy...vi Fellows Co.Cover 4 Katharmon Chemical Co.....III	Kress & Owen Co.....vii Lloyd Bros.II Lloyd Bros.X National, Wm. N. Mundy, Editor...xii Od Chemical Co.....xii Peacock Chemical Co.....v Pacific Surgical Mfg. Co.....xii Parke, Davis & Co.....Cover 1 Purdue Frederick Co.....lx San Diego Exposition.....vi Sultan Drug Co.....xi Westlake Pharmacyxi Van Horn & Sawtell.....viii, ix Westlake Hospitalxiv
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Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
A Little History Not So Ancient, and a Moral, Dr. H. T. Webster	123
Ichthyol.....	Dr. H. T. Cox 127
The Mental Defective.....	Dr. W. E. Postle 130
EDITORIAL:	
How About Your Collections?.....	144
SELECTION:	
Baldness	145
NEWS ITEMS	147

INDEX TO ADVERTISERS

American Apothecaries Co.....viii Antiphlogistine, Denver Chem. Co...i Battle & Co.....vi Bristol-Myers Co.v Chicago Pharmacal Co.....xi Dad Chemical Co.....xii Dickinson Drug Co.....v John B. Daniel.....lv Eclectic Booksv Eclectic Medical College.....lv Eli Lilly & Co.....Cover 2 Exclusive Prescription Pharmacy...vi Fellows Co.Cover 4 Katharmon Chemical Co.....iii	Kress & Owen Co.....vii Lloyd Bros.ii Lloyd Bros.x National, Wm. N. Mundy, Editor...xii Od Chemical Co.....xii Peacock Chemical Co.....v Pacific Surgical Mfg. Co.....xiii Parke, Davis & Co.....Cover 1 Purdue Frederick Co.....ix San Diego Exposition.....vi Sultan Drug Co.....xi Westlake Pharmacyxi Van Horn & Sawtell.....viii, ix Westlake Hospitalxiv
--	---

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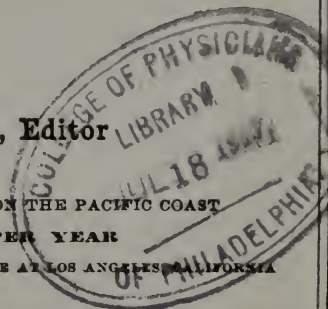
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Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
Hysteria.....Oran Newton, M. D.	151
The Practice of Medicine.....H. C. Smith, M. D.	155
Parotitis.....A. S. Tuchler, M. D.	158
EDITORIAL:	
The Recrudescence of the Tongue.....	160
SELECTION:	
The Treatment of Chronic Indigestions.....	161
SOCIETIES:	
Eclectic Medical Society of the State of California....	169
NEWS ITEMS.....	171

INDEX TO ADVERTISERS

American Apothecaries Co.....viii Antiphlogistine, Denver Chem. Co...i Battle & Co.....vi Bristol-Myers Co.v Chicago Pharmacal Co.....xi Dad Chemical Co.....xli Dickinson Drug Co.....v John B. Daniel.....iv Eclectic Booksv Eclectic Medical College.....iv Eli Lilly & Co.....Cover 2 Exclusive Prescription Pharmacy...vi Fellows Co.Cover 4 Katharmon Chemical Co.....lii	Kress & Owen Co.....vii Lloyd Bros.ii Lloyd Bros.x National, Wm. N. Mundy, Editor...xli Od Chemical Co.....xli Peacock Chemical Co.....v Pacific Surgical Mfg. Co.....xlii Parke, Davis & Co.....Cover 1 Purdue Frederick Co.....ix San Diego Exposition.....vi Sultan Drug Co.....xi Westlake Pharmacyxi Van Horn & Sawtell.....viii, ix Westlake Hospitalxiv
--	---

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Table of Contents

ORIGINAL CONTRIBUTIONS:

Alcresta Ipecac.....	J. A. Murk, M. D.	171
The California Medical Law.....	H. V. Brown, M. D.	173
The Toxenuas of Pregnancy.....	John Clark, M. D.	178
Your Age!.....		182

EDITORIAL:

Summer Diseases.....		184
----------------------	--	-----

SELECTIONS:

Individuality of the Case in Hygiene.....		185
Children in War Time.....		188

NEWS ITEMS.....		190
-----------------	--	-----

INDEX TO ADVERTISERS

American Apothecaries Co.....	viii
Antiphlogistine, Denver Chem. Co....	i
Battle & Co.....	vi
Bristol-Myers Co.	v
Chicago Pharmacal Co.....	xi
Dad Chemical Co.....	xii
Dickinson Drug Co.....	v
John B. Daniel.....	lv
Eclectic Books	v
Eclectic Medical College.....	lv
Ell Lilly & Co.....	Cover 2
Exclusive Prescription Pharmacy...vi	
Fellows Co.	Cover 4
Katharmon Chemical Co.....	lii

Kress & Owen Co.....	vii
Lloyd Bros.	ii
Lloyd Bros.	x
National, Wm. N. Mundy, Editor...xii	
Od Chemical Co.....	xii
Peacock Chemical Co.....	v
Pacific Surgical Mfg. Co.....	xiii
Parke, Davis & Co.....	Cover 1
Purdue Frederick Co.....	ix
San Diego Exposition.....	vi
Sultan Drug Co.....	xi
Westlake Pharmacy	xi
Van Horn & Sawtell.....	viii, ix
Westlake Hospital	xlv

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Table of Contents

ORIGINAL CONTRIBUTIONS:

Value of Making a Routine Examination in the Diagnosis of Gastro-Intestinal Diseases.Dr. E. R. Harvey	191
Electricity in Disease.....Dr. M. E. Eastman	193
Diabetes Mellitis.....Dr. F. J. Cook	196

EDITORIAL:

The Army Needs You!.....	200
--------------------------	-----

SELECTION:

A Word Concerning the Minority.....	201
The Faucial Tonsil in Its Modern Aspect.....	204

NEWS ITEMS.....	213
-----------------	-----

INDEX TO ADVERTISERS

American Apothecaries Co.....	viii	Kress & Owen Co.....	vii
Antiphlogistine, Denver Chem. Co...l		Lloyd Bros.	ii
Battle & Co.....	vi	Lloyd Bros.	x
Bristol-Myers Co.	v	National, Wm. N. Mundy, Editor...xii	
Chicago Pharmacal Co.....	xi	Od Chemical Co.....	xii
Dad Chemical Co.....	xii	Peacock Chemical Co.....	v
Dickinson Drug Co.....	v	Pacific Surgical Mfg. Co.....	xiii
John B. Daniel.....	iv	Parke, Davis & Co.....	Cover 1
Eclectic Books	v	Purdue Frederick Co.....	ix
Eclectic Medical College.....	iv	Sultan Drug Co.....	xi
Ell Lily & Co.....	Cover 2	Westlake Pharmacy	xi
Fellows Co.	Cover 4	Van Horn & Sawtell.....	viii, ix
Katharmon Chemical Co.....	lii	Westlake Hospital	xiv

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Table of Contents

ORIGINAL CONTRIBUTIONS:

Optical Defects as a Source of Focal Irritation in Children.....	E. S. McClelland, M. D.	215
Bismuth Subgallate.....	H. T. Cox, M. D.	221
Practical Lunches for School Children.....		222
Hypertrophy of Turbinate Bodies.	C. M. Neldon, M. D.	226

EDITORIAL:

Alcohol in Medicine.....		228
--------------------------	--	-----

SELECTIONS:

The A. M. A. Trying to Ride into Power on the Prohibition Wave.....		229
Physical Examinations in Public Schools.....		233

NEWS ITEMS		235
------------------	--	-----

INDEX TO ADVERTISERS

American Apothecaries Co.....	viii	Kress & Owen Co.....	vii
Antiphlogistine, Denver Chem. Co...l		Lloyd Bros.	ii
Battle & Co.:.....	vi	Lloyd Bros.	x
Bristol-Myers Co.	v	National, Wm. N. Mundy, Editor...xii	
Chicago Pharmacal Co.....	xi	Od Chemical Co.....	xii
Dad Chemical Co.....	xii	Peacock Chemical Co.....	v
Dickinson Drug Co.....	v	Pacific Surgical Mfg. Co.....	xiii
John B. Daniel.....	lv	Parke, Davis & Co.....	Cover 1
Eclectic Books	v	Purdue Frederick Co.....	ix
Eclectic Medical College.....	lv	Sultan Drug Co.....	xi
Ell Lilly & Co.....	Cover 2	Westlake Pharmacy	xi
Fellows Co.	Cover 4	Van Horn & Sawtell.....	viii, ix
Katharmon Chemical Co.....	iii	Westlake Hospital	xiv

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Table of Contents

ORIGINAL CONTRIBUTIONS:

Therapeutics of some of our Indigenous Remedies for Diarrhoea.....	H. C. Smith, M. D.	237
Spondylotherapy as a Therapeutic Agent.	E. M. Caryl, M. D.	239
The Necessity of Fixation of the Fragments in Bone Surgery	T. C. Young, M. D.	242
Prolapsus of the Uterus with Cystocele and Vesi- cocale.....	H. H. Helbing, M. D.	244
The History of a Mammary Cancer.	J. W. Fyfe, M. D.	246

EDITORIAL:

Ancient Egyptian Philosophy.....	248
----------------------------------	-----

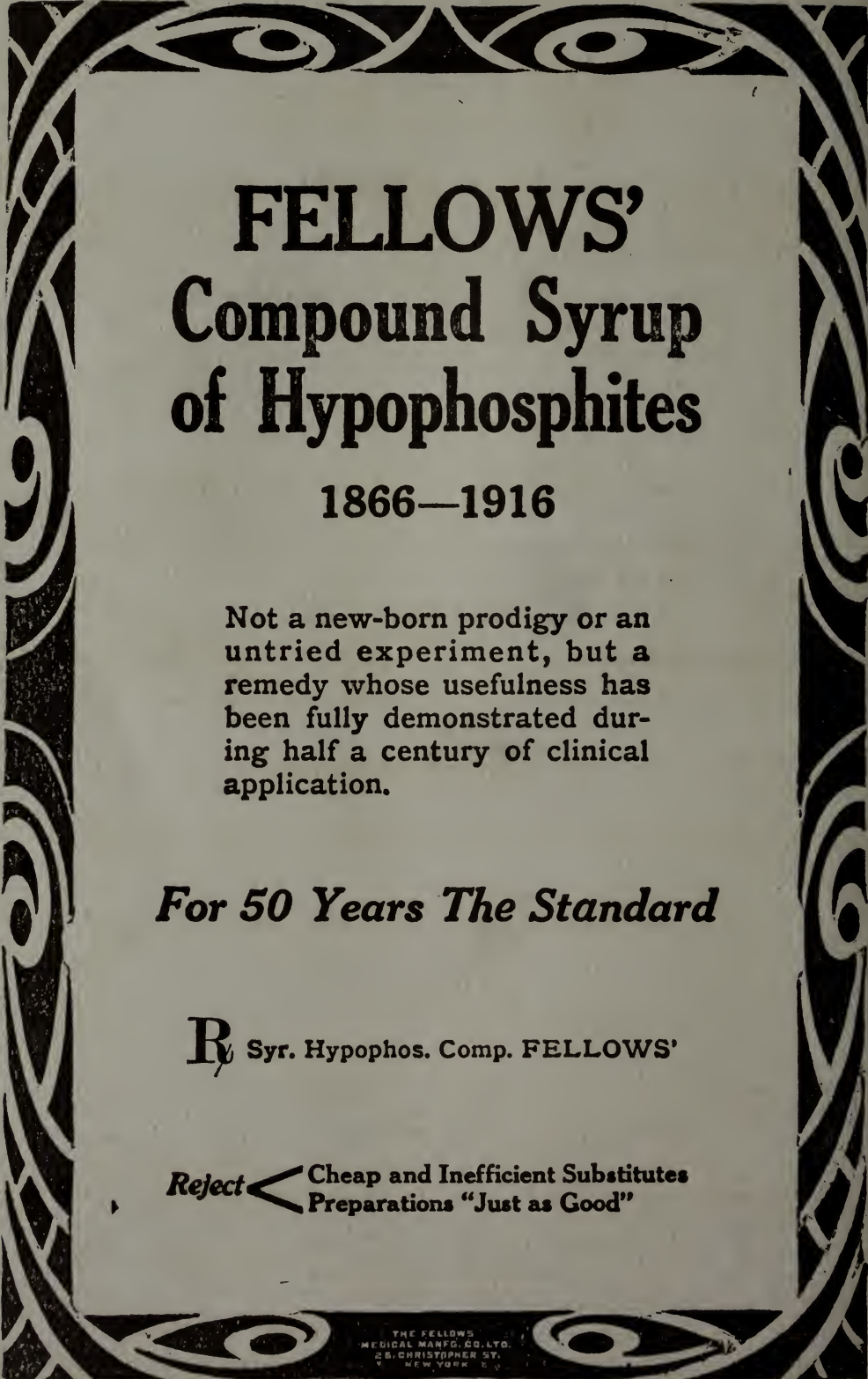
SELECTIONS:

Inexactitude in Modern Therapeutics.....	249
A String of Pearls.....	253

NEWS ITEMS.....	257
-----------------	-----

INDEX TO ADVERTISERS

American Apothecaries Co.....	viii	Kress & Owen Co.....	vii
Antiphlogistine, Denver Chem. Co...l		Lloyd Bros.	ii
Battle & Co.....	vi	Lloyd Bros.	x
Bristol-Myers Co.	v	National, Wm. N. Mundy, Editor...xii	
Chicago Pharmacal Co.....	xi	Od Chemical Co.....	xii
Dad Chemical Co.....	xii	Peacock Chemical Co.....	v
Dickinson Drug Co.....	v	Pacific Surgical Mfg. Co.....	xiii
John B. Daniel.....	lv	Parke, Davis & Co.....	Cover 1
Eclectic Books	v	Purdue Frederick Co.....	lx
Eclectic Medical College.....	lv	Sultan Drug Co.....	xi
Ell Lilly & Co.....	Cover 2	Westlake Pharmacy	xi
Fellows Co.	Cover 4	Van Horn & Sawtell.....	viii, ix
Katharmon Chemical Co.....	lii	Westlake Hospital	xiv



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Table of Contents

	Page
ORIGINAL CONTRIBUTIONS:	
Chlorazene	A. P. Baird, M. D. 264
Eczema	H. E. Stroud, M. D. 259
The Narcotic Habit.....	A. S. Tüchler, M. D. 261
Genito-Urinary Diseases with Relation to Rheumatism.....	A. W. Berrow, M. D. 266
 EDITORIAL:	
Our War.....	268
 SELECTIONS:	
German Efficiency and the Soul.....	269
Cold and Colds.....	271
NEWS ITEMS.....	273
ANNUAL INDEX.....	275

INDEX TO ADVERTISERS

American Apothecaries Co.....	viii	Kress & Owen Co.....	vii
Antiphlogistine, Denver Chem. Co...l		Lloyd Bros.	ii
Battle & Co.....	vi	Lloyd Bros.	x
Bristol-Myers Co.	v	National, Wm. N. Mundy, Editor...xii	
Chicago Pharmacal Co.....	xi	Od Chemical Co.....	xii
Dad Chemical Co.....	xii	Peacock Chemical Co.....	v
Dickinson Drug Co.....	v	Pacific Surgical Mfg. Co.....	xiii
John B. Daniel.....	iv	Parke, Davis & Co.....	Cover 1
Eclectic Books	v	Purdue Frederick Co.....	ix
Eclectic Medical College.....	iv	Sultan Drug Co.....	xi
Ell Lilly & Co.....	Cover 2	Westlake Pharmacy	xi
Fellows Co.	Cover 4	Van Horn & Sawtell.....	viii, ix
Katharmon Chemical Co.....	lii	Westlake Hospital	xiv

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